Jan Delaval please

Access DB# 75681

SEARCH REQUEST FORM

Scientific and Technical Information Center

Requester's Full Name: SABIHA QAZI Examiner #: 74141 Date: 9/13/02
Art Unit: 1616 Phone Number 305-3910 Serial Number: 10/036815
Mail Box and Bldg/Room Location: 2D19 Results Format Preferred (circle): PAPER DISK E-MAIL

If more than one search is submitted, please prioritize searches in order of need.

****

Please provide a detailed statement of the search topic, and describe as specifically as possible the subject matter to be searched. Include the elected species or structures, keywords, synonyms, acronyms, and registry numbers, and combine with the concept or utility of the invention. Define any terms that may have a special meaning. Give examples or relevant citations, authors, etc, if known. Please attach a copy of the cover sheet, pertinent claims, and abstract.

Title of Invention: Use of biologically active Vit D Compds for the

Inventors (please provide full names):

b. 12/21/1999 (US Pat 6,35-8,937)

Earliest Priority Filing Date: Hayes Colleen et al.

**For Sequence Searches Only* Please include all pertinent information (parent, child, divisional, or issued patent numbers) along with the appropriate serial number.*

Jan Delaval
Reference Librarian
Biotechnology & Chemical Library
CM1 1E07 – 703-308-4498
jan.delaval@uspto.gov

1) Please search for the method of treatment Symptoms/ for any inflammatory bowel disease (IBD), such as ulcerative colitis + Crohn's disease.
by using Vitamin D. 1406-16-2 ✓

2) by using 1α hydroxy Vit. D_3 (Cl 21) ✓
" " " D_2 (Cl 29) ✓

3) 54573-75-0 130647-37-9
19-nor 1α, 25 dihydroxy (Cl 37)

4) $=CH_2$ is absent Vit D_3 131918-61-1
is called 19-nor

Please see attached sheet.

Thanks

You may include in your search Internet + Medline etc

****

STAFF USE ONLY

Searcher: [illegible]
Searcher Phone #: 4498
Searcher Location:
Date Searcher Picked Up: 9/14/02
Date Completed: 9/14/02
Searcher Prep & Review Time:
Clerical Prep Time: 15
Online Time: + 115

Type of Search

NA Sequence (#)
AA Sequence (#)
Structure (#) ✓
Bibliographic ✓
Litigation
Fulltext
Patent Family
Other

Vendors and cost where applicable

STN ✓
Dialog
Questel/Orbit
Dr.Link
Lexis/Nexis
Sequence Systems
WWW/Internet
Other (specify)

PTO-1590 (8-01)

```
=> fil reg
FILE 'REGISTRY' ENTERED AT 15:44:58 ON 14 SEP 2002
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.
COPYRIGHT (C) 2002 American Chemical Society (ACS)

STRUCTURE FILE UPDATES:   13 SEP 2002  HIGHEST RN 450944-74-8
DICTIONARY FILE UPDATES:  13 SEP 2002  HIGHEST RN 450944-74-8

TSCA INFORMATION NOW CURRENT THROUGH MAY 20, 2002

  Please note that search-term pricing does apply when
  conducting SmartSELECT searches.

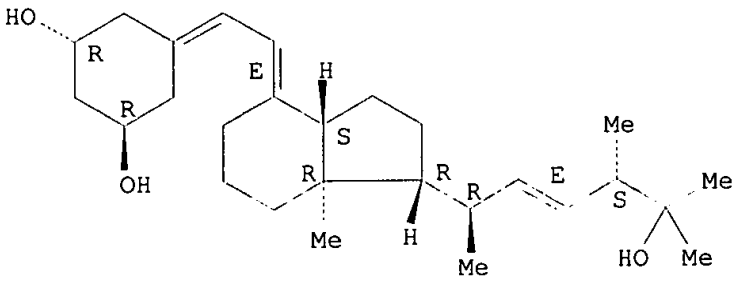
Crossover limits have been increased.  See HELP CROSSOVER for details.

Calculated physical property data is now available.  See HELP PROPERTIES
for more information.  See STNote 27, Searching Properties in the CAS
Registry File, for complete details:
http://www.cas.org/ONLINE/STN/STNOTES/stnotes27.pdf

=> d ide can tot 148

L48  ANSWER 1 OF 4  REGISTRY  COPYRIGHT 2002 ACS
RN   131918-61-1  REGISTRY
CN   19-Nor-9,10-secoergosta-5,7,22-triene-1,3,25-triol,
     (1.alpha.,3.beta.,7E,22E)- (9CI)  (CA INDEX NAME)
OTHER NAMES:
CN   Paricalcitol
CN   Zemplar
FS   STEREOSEARCH
MF   C27 H44 O3
SR   CA
LC   STN Files:   ADISINSIGHT, ADISNEWS, BIOSIS, BIOTECHNO, CA, CANCERLIT,
       CAPLUS, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE,
       IPA, MEDLINE, MRCK*, PHAR, PROMT, SYNTHLINE, TOXCENTER, USAN, USPATFULL
         (*File contains numerically searchable property data)

Absolute stereochemistry.
Double bond geometry as shown.
```

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              51 REFERENCES IN FILE CA (1967 TO DATE)
              51 REFERENCES IN FILE CAPLUS (1967 TO DATE)

REFERENCE   1:  137:109489

REFERENCE   2:  137:56786
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Jan Delaval
Reference Librarian
Biotechnology & Chemical Library
CM1 1E07 – 703-308-4498
jan.delaval@uspto.gov

REFERENCE 3: 136:355482

REFERENCE 4: 136:345799

REFERENCE 5: 136:319458

REFERENCE 6: 136:304095

REFERENCE 7: 136:273570

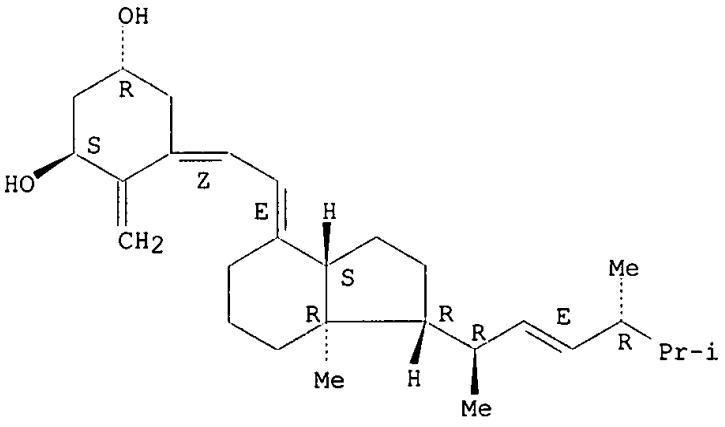
REFERENCE 8: 136:273235

REFERENCE 9: 136:241732

REFERENCE 10: 136:161660

L48 ANSWER 2 OF 4 REGISTRY COPYRIGHT 2002 ACS
RN 54573-75-0 REGISTRY
CN 9,10-Secoergosta-5,7,10(19),22-tetraene-1,3-diol,
(1.alpha.,3.beta.,5Z,7E,22E)- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN 1-Hydroxyergocalciferol
CN 1-Hydroxyvitamin D2
CN 1.alpha.-Hydroxyergocalciferol
CN **1.alpha.-Hydroxyvitamin D2**
CN Doxercalciferol
CN Hectorol
CN TSA 840
FS STEREOSEARCH
DR 125285-48-5, 87649-67-0
MF C28 H44 O2
LC STN Files: ADISINSIGHT, ADISNEWS, BEILSTEIN*, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, CASREACT, CBNB, CHEMCATS, DDFU, DIOGENES, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, PHAR, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPATFULL
(*File contains numerically searchable property data)

Absolute stereochemistry.
Double bond geometry as shown.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

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109 REFERENCES IN FILE CAPLUS (1967 TO DATE)

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REFERENCE 2: 137:56786

REFERENCE 3: 136:325420

REFERENCE 4: 136:319458

REFERENCE 5: 136:289077

REFERENCE 6: 136:273235

REFERENCE 7: 136:241732

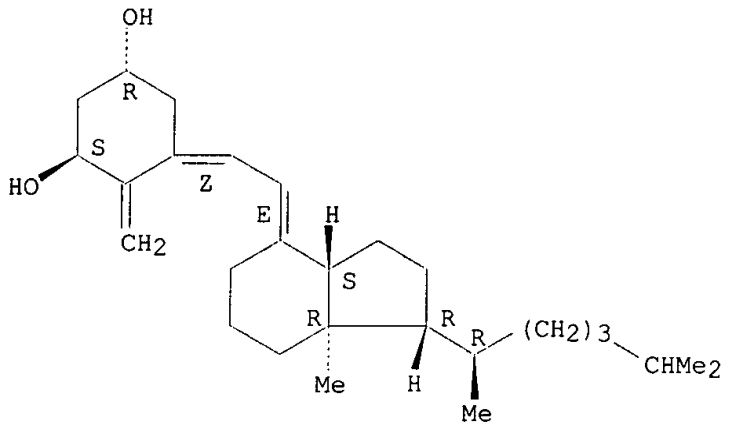
REFERENCE 8: 136:210551

REFERENCE 9: 136:161350

REFERENCE 10: 136:123683

L48 ANSWER 3 OF 4 REGISTRY COPYRIGHT 2002 ACS
RN 41294-56-8 REGISTRY
CN 9,10-Secocholesta-5,7,10(19)-triene-1,3-diol, (1.alpha.,3.beta.,5Z,7E)-(9CI) (CA INDEX NAME)
OTHER NAMES:
CN .alpha.-Calcidol
CN 1-Hydroxycholecalciferol
CN 1-Hydroxyvitamin D3
CN 1.alpha.(OH)D3
CN 1.alpha.-Hydroxycholecalciferol
CN **1.alpha.-Hydroxyvitamin D3**
CN Alfacalcidol
CN Alfarol
CN Alphacalcidol
CN Alpharol
CN Bondiol
CN Etalpha
CN Oxydevit
CN Un Alfa
CN Un Alpha
FS STEREOSEARCH
DR 125324-15-4, 41461-06-7, 43157-29-5, 43217-90-9
MF C27 H44 O2
CI COM
LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CABA, CANCERLIT, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CHEMINFORMRX, CHEMLIST, CIN, CSCHEM, DDFU, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, EMBASE, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, NAPRALERT, PHAR, PHARMASEARCH, PROMT, RTECS*, SPECINFO, TOXCENTER, USAN, USPAT2, USPATFULL, VETU
(*File contains numerically searchable property data)
Other Sources: EINECS**, WHO
(**Enter CHEMLIST File for up-to-date regulatory information)

Absolute stereochemistry. Rotation (+).
Double bond geometry as shown.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

1068 REFERENCES IN FILE CA (1967 TO DATE)
23 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
1068 REFERENCES IN FILE CAPLUS (1967 TO DATE)

REFERENCE 1: 137:124547

REFERENCE 2: 137:120045

REFERENCE 3: 137:119679

REFERENCE 4: 137:119620

REFERENCE 5: 137:108703

REFERENCE 6: 137:59362

REFERENCE 7: 136:396366

REFERENCE 8: 136:345794

REFERENCE 9: 136:261073

REFERENCE 10: 136:230190

L48 ANSWER 4 OF 4 REGISTRY COPYRIGHT 2002 ACS
RN 1406-16-2 REGISTRY
CN **Vitamin D (8CI, 9CI)** (CA INDEX NAME)
MF Unspecified
CI COM, MAN
LC STN Files: ADISNEWS, AGRICOLA, ANABSTR, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CABA, CANCERLIT, CAPLUS, CASREACT, CBNB, CEN, CHEMLIST, CIN, CSNB, DDFU, DIOGENES, DRUGU, EMBASE, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, NAPRALERT, NIOSHTIC, PIRA, PROMT, RTECS*, TOXCENTER, USPAT2, USPATFULL, VETU
(*File contains numerically searchable property data)
Other Sources: EINECS**, NDSL**, TSCA**
(**Enter CHEMLIST File for up-to-date regulatory information)

*** STRUCTURE DIAGRAM IS NOT AVAILABLE ***
6478 REFERENCES IN FILE CA (1967 TO DATE)
733 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
6487 REFERENCES IN FILE CAPLUS (1967 TO DATE)

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REFERENCE   2:  137:174943

REFERENCE   3:  137:174917

REFERENCE   4:  137:168690

REFERENCE   5:  137:168675

REFERENCE   6:  137:167659

REFERENCE   7:  137:167593

REFERENCE   8:  137:166985

REFERENCE   9:  137:166979

REFERENCE  10:  137:166719


=> d his

     (FILE 'HOME' ENTERED AT 14:25:55 ON 14 SEP 2002)
               SET COST OFF

     FILE 'REGISTRY' ENTERED AT 14:26:21 ON 14 SEP 2002
               E VITAMIN D/CN
L1             1 S E3
L2               STR
L3            50 S L2 CSS

     FILE 'HCAPLUS' ENTERED AT 14:28:01 ON 14 SEP 2002
               E HAYES C/AU
L4            39 S E3,E5
               E HAYES COLEEN/AU
L5            52 S E4-E6
               E NASHOLD F/AU
L6            13 S E3-E6
L7           656 S (NORTH?(L)LIGHT?)/PA,CS
L8           973 S (WISCON?(L)ALUM?(L)RES?(L)FOUND?)/PA,CS
L9          6480 S L1
L10        35010 S VITAMIN(S)D#
L11         5664 S ?CALCIFERO?
L12           14 S L4,L5,L6 AND L9-L11
L13          159 S L7,L8 AND L9-L11
L14            5 S L12 AND L13
L15            9 S L12 NOT L14
L16         2619 S CALCITRIOL
L17         2418 S 1 ALPHA 25 DIHYDROXYVITAMIN D3
L18         5759 S 1 25 DIHYDROXYVITAMIN D3
L19           78 S 1 ALPHA 25 DIHYDROXYVITAMIN D2
L20           85 S 1 25 DIHYDROXYVITAMIN D2
L21            9 S 19 NOR 1 ALPHA 25 DIHYDROXYVITAMIN D2
L22            6 S 19 NOR 1 25 DIHYDROXYVITAMIN D2
L23           27 S PARICALCITOL

     FILE 'REGISTRY' ENTERED AT 14:35:26 ON 14 SEP 2002
L24            3 S 32222-06-3 OR 60133-18-8 OR 131918-61-1

     FILE 'HCAPLUS' ENTERED AT 14:38:03 ON 14 SEP 2002
L25         9086 S L24
```

```
L26          58 S ERCALCITRIOL OR ZEMPLAR OR RO176218 OR RO 17 6218 OR ROCALTRO
L27        1399 S (1 25 OR 1 ALPHA 25)()(DIHYDROXYCALCIFEROL OR DIHYDROXYERGOCA
L28        3791 S (1 25 OR 1 ALPHA 25)()OH 2D3
L29          68 S (1 25 OR 1 ALPHA 25)()OH 2D2
L30       30838 S ?VITAMIN? ()(D OR D2 OR D3)
L31       36555 S ?VITAMIN? (S)(D OR D2 OR D3)
L32       42102 S L10,L11,L16-L23,L26-31
L33       42200 S L32,L9,L25

     FILE 'REGISTRY' ENTERED AT 14:42:36 ON 14 SEP 2002
L34           9 S (32222-06-3 OR 60133-18-8 OR 131918-61-1)/CRN

     FILE 'HCAPLUS' ENTERED AT 14:43:10 ON 14 SEP 2002
L35          14 S L5-L6 AND L33
                SEL RN

     FILE 'REGISTRY' ENTERED AT 14:44:03 ON 14 SEP 2002
L36          23 S E1-E23
L37           3 S L36 AND L1,L24
L38          20 S L36 NOT L37
L39          18 S L38 AND C5-C6/ES AND C6/ES
                SEL RN 12 18 17
L40           3 S E24-E26
L41          15 S L39 NOT L40
                E 1.ALPHA.,25-DIHYDROXYVITAMIN D3/CN
L42           1 S E3
                E 19-NOR-1.ALPHA.,25-DIHYDROXYVITAMIN D2/CN
                E 1.ALPHA.-HYDROXYVITAMIN D3/CN
L43           1 S E3
L44           1 S E2
L45           3 S L1,L43,L44

     FILE 'HCAPLUS' ENTERED AT 14:55:58 ON 14 SEP 2002
L46          15 S L21,L22

     FILE 'REGISTRY' ENTERED AT 14:57:52 ON 14 SEP 2002
L47           1 S 131918-61-1
L48           4 S L45,L47

     FILE 'HCAPLUS' ENTERED AT 14:58:31 ON 14 SEP 2002
L49        7460 S L48
L50          39 S PARICALCITOL OR ZEMPLAR OR L46
L51          78 S DOXERCALCIFEROL OR HECTOROL OR TSA840 OR TSA 840 OR 1()(HYDRO
L52         130 S ALPHA CALCIDOL OR ALFACALCIDOL OR ALFAROL OR ALPHACALCIDOL OR
L53          36 S 1()(HYDROXYCHOLECALCIFEROL OR HYDROXYVITAMIN D3 OR OH D3)
L54         962 S 1()ALPHA()(HYDROXYCHOLECALCIFEROL OR HYDROXYVITAMIN D3 OR OH
L55       20797 S VITAMIN D OR CALCIFEROL
L56       21653 S L9,L49-L55
L57          13 S L4-L6 AND L56
                E INFLAMMATORY BOWEL/CT
                E E4+ALL
L58        2993 S E2
                E INFLAMMATORY BOWEL/CT
                E E4+ALL
L59        3105 S INFLAMMATORY BOWEL()(DISEASE OR SYNDROME)
L60        1077 S IBD
                E ULCERATIVE COLITIS/CT
                E E3+ALL
L61        2115 S E2
L62        3510 S ULCERATIVE ?COLITIS?
                E CROHN/CT
                E E5+ALL
L63           0 S E2
```

```
L64         1005 S CROHN?()(DISEASE OR ILEITIS OR INTESTIN? OR COLITIS)
L65           39 S L56 AND L58-L64
L66            1 S L57 AND L65
L67           23 S L65 AND (PY<=1999 OR PRY<=1999 OR AY<=1999)
L68           10 S (L49 OR L9)(L)(THU OR BAC OR USES)/RL AND L67
                 SEL DN AN 5 9
L69            2 S E1-E6
                 SEL DN AN L68 1-3
L70            3 S E7-E15
L71            5 S L69,L70,L66 AND L4-L11,L16-L23,L25-L33,L35,L46,L49-L70
                 SEL RN L71 1

     FILE 'REGISTRY' ENTERED AT 15:37:03 ON 14 SEP 2002
L72           11 S E16-E26
L73            1 S L72 AND L48
L74           10 S L72 NOT L73
L75            9 S L74 NOT CA

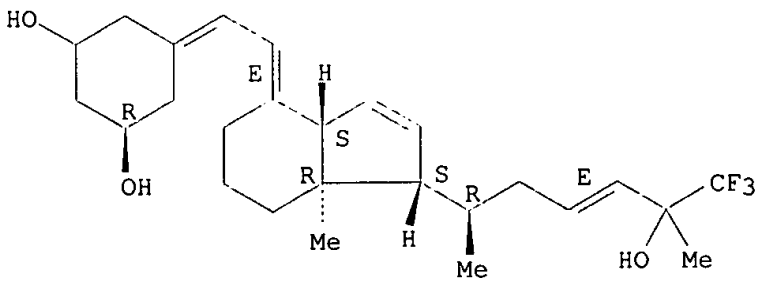
     FILE 'HCAPLUS' ENTERED AT 15:37:45 ON 14 SEP 2002
                 E DIGESTIVE TRACT/CT
                 E E3+ALL
L76       141792 S E3,E101,E115
L77          320 S E66,E68,E69,E72
                 E COLITIS/CT
                 E E3+ALL
L78         3275 S E2
                 E INFLAMMATION/CT
L79         1308 S INFLAM?/CW (L) (INSTESTIN? OR BOWEL OR COLON? OR DIGEST? OR G
L80         2172 S L56 AND L76-L79
L81         2050 S L80 AND (PY<=1999 OR PRY<=1999 OR AY<=1999)
L82           39 S L81 AND (CROHN? OR ?ULCER? OR BOWEL OR COLIT?)
L83           19 S L82 NOT L65
L84            5 S L73,L75 AND L71

     FILE 'REGISTRY' ENTERED AT 15:44:58 ON 14 SEP 2002

=> d ide can tot 175

L75  ANSWER 1 OF 9  REGISTRY  COPYRIGHT 2002 ACS
RN   346404-77-1  REGISTRY
CN   19-Nor-9,10-secocholesta-5,7,15,23-tetraene-1,3,25-triol,
     26,26,26-trifluoro-, (1.alpha.,7E,23E)- (9CI)  (CA INDEX NAME)
FS   STEREOSEARCH
MF   C26 H37 F3 O3
SR   CA
LC   STN Files:   CA, CAPLUS, USPATFULL

Absolute stereochemistry.
Double bond geometry as shown.
```



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

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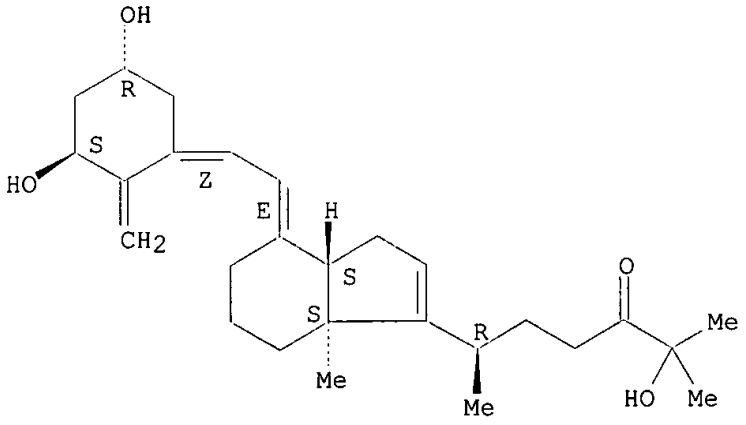
1 REFERENCES IN FILE CAPLUS (1967 TO DATE)

REFERENCE 1: 135:56067

L75 ANSWER 2 OF 9 REGISTRY COPYRIGHT 2002 ACS
RN **153088-24-5** REGISTRY
CN 9,10-Secocholesta-5,7,10(19),16-tetraen-24-one, 1,3,25-trihydroxy-, (1.alpha.,2.beta.,5Z,7E)- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN JK 1624-3
CN Ro 25-8272
FS STEREOSEARCH
MF C27 H40 O4
SR CA
LC STN Files: CA, CAPLUS, CASREACT, TOXCENTER, USPATFULL

Absolute stereochemistry. Rotation (-).
Double bond geometry as shown.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

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13 REFERENCES IN FILE CAPLUS (1967 TO DATE)

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REFERENCE 3: 135:56067

REFERENCE 4: 135:28640

REFERENCE 5: 132:261062

REFERENCE 6: 132:30430

REFERENCE 7: 127:200524

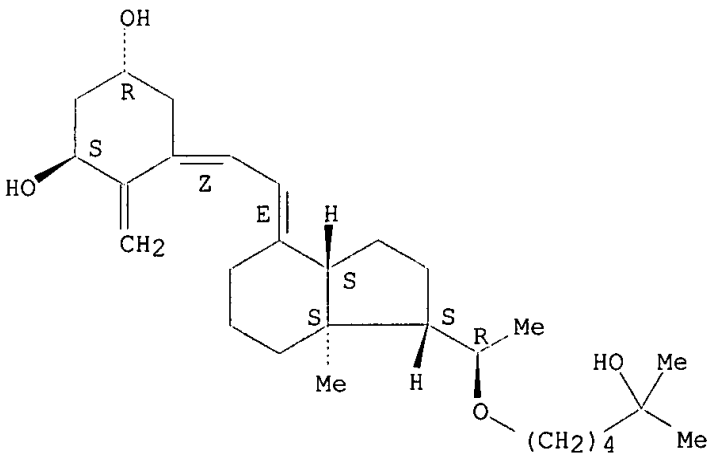
REFERENCE 8: 126:305672

REFERENCE 9: 126:195678

REFERENCE 10: 123:25141

L75 ANSWER 3 OF 9 REGISTRY COPYRIGHT 2002 ACS
RN **132014-43-8** REGISTRY
CN 1,3-Cyclohexanediol, 4-methylene-5-[(2E)-[(1S,3aS,7aS)-octahydro-1-[(1R)-1-[(5-hydroxy-5-methylhexyl)oxy]ethyl]-7a-methyl-4H-inden-4-ylidene]ethylidene]-, (1R,3S,5Z)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1,3-Cyclohexanediol, 4-methylene-5-[[octahydro-1-[1-[(5-hydroxy-5-methylhexyl)oxy]ethyl]-7a-methyl-4H-inden-4-ylidene]ethylidene]-, [1S-[1.alpha.(S*),3a.beta.,4E(1S*,3R*,5Z),7a.alpha.]]-
OTHER NAMES:
CN KH 1049
FS STEREOSEARCH
MF C28 H46 O4
SR CA
LC STN Files: BEILSTEIN*, CA, CANCERLIT, CAPLUS, MEDLINE, TOXCENTER, USPATFULL
(*File contains numerically searchable property data)

Absolute stereochemistry.
Double bond geometry as shown.



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9 REFERENCES IN FILE CAPLUS (1967 TO DATE)

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REFERENCE 3: 125:318815

REFERENCE 4: 122:283116

REFERENCE 5: 121:164013

REFERENCE 6: 120:125101

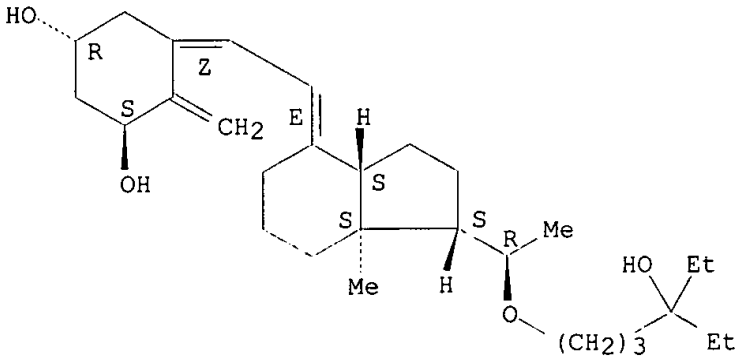
REFERENCE 7: 116:228269

REFERENCE 8: 116:75862

REFERENCE 9: 114:164629

L75 ANSWER 4 OF 9 REGISTRY COPYRIGHT 2002 ACS
RN **131875-08-6** REGISTRY
CN 1,3-Cyclohexanediol, 5-[(2E)-[(1S,3aS,7aS)-1-[(1R)-1-[(4-ethyl-4-hydroxyhexyl)oxy]ethyl]octahydro-7a-methyl-4H-inden-4-ylidene]ethylidene]-4-methylene-, (1R,3S,5Z)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1,3-Cyclohexanediol, 5-[[1-[1-[(4-ethyl-4-hydroxyhexyl)oxy]ethyl]octahydro-7a-methyl-4H-inden-4-ylidene]ethylidene]-4-methylene-, [1S-[1.alpha.(S*),3a.beta.,4E(1S*,3R*,5Z),7a.alpha.]]-
OTHER NAMES:
CN (5Z,7E,20R)-20-[(4-Ethyl-4-hydroxyhexyl)oxy]-9,10-secopregna-5,7,10(19)-triene-1.alpha.,3.beta.-diol
CN KH 106
CN KH 1060
CN Lexacalcitol
FS STEREOSEARCH
DR 138876-52-5
MF C29 H48 O4
SR CA
LC STN Files: ADISINSIGHT, ADISNEWS, BIOSIS, BIOTECHNO, CA, CANCERLIT, CAPLUS, DDFU, DRUGNL, DRUGU, DRUGUPDATES, EMBASE, IPA, MEDLINE, PHAR, PROMT, SYNTHLINE, TOXCENTER, USAN, USPATFULL
Other Sources: WHO

Absolute stereochemistry.
Double bond geometry as shown.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

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132 REFERENCES IN FILE CAPLUS (1967 TO DATE)

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REFERENCE 2: 137:33310

REFERENCE 3: 137:33309

REFERENCE 4: 136:379721

REFERENCE 5: 136:241643

REFERENCE 6: 136:211066

REFERENCE 7: 135:313933

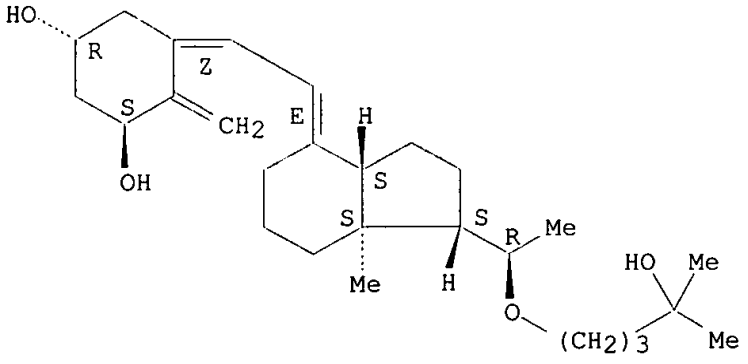
REFERENCE 8: 135:298454

REFERENCE 9: 135:236592

REFERENCE 10: 135:205895

L75 ANSWER 5 OF 9 REGISTRY COPYRIGHT 2002 ACS
RN **131875-07-5** REGISTRY
CN 1,3-Cyclohexanediol, 4-methylene-5-[(2E)-[(1S,3aS,7aS)-octahydro-1-[(1R)-1-[(4-hydroxy-4-methylpentyl)oxy]ethyl]-7a-methyl-4H-inden-4-ylidene]ethylidene]-, (1R,3S,5Z)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1,3-Cyclohexanediol, 4-methylene-5-[[octahydro-1-[1-[(4-hydroxy-4-methylpentyl)oxy]ethyl]-7a-methyl-4H-inden-4-ylidene]ethylidene]-, [1S-[1.alpha.(S*),3a.beta.,4E(1S*,3R*,5Z),7a.alpha.]]-
OTHER NAMES:
CN KH 1059
FS STEREOSEARCH
MF C27 H44 O4
SR CA
LC STN Files: BEILSTEIN*, BIOSIS, CA, CAPLUS, TOXCENTER, USPATFULL
(*File contains numerically searchable property data)

Absolute stereochemistry.
Double bond geometry as shown.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

10 REFERENCES IN FILE CA (1967 TO DATE)
10 REFERENCES IN FILE CAPLUS (1967 TO DATE)

REFERENCE 1: 135:56067

REFERENCE 2: 130:20596

REFERENCE 3: 128:279055

REFERENCE 4: 125:266142

REFERENCE 5: 125:265006

REFERENCE 6: 120:125101

REFERENCE 7: 119:63329

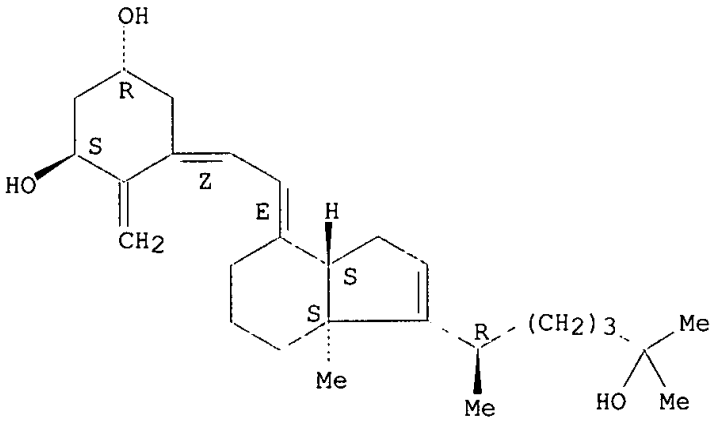
REFERENCE 8: 116:228269

REFERENCE 9: 116:75862

REFERENCE 10: 114:164629

L75 ANSWER 6 OF 9 REGISTRY COPYRIGHT 2002 ACS
RN **124409-58-1** REGISTRY
CN 9,10-Secocholesta-5,7,10(19),16-tetraene-1,3,25-triol, (1.alpha.,3.beta.,5Z,7E)- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN .DELTA.16-1.alpha.,25-Dihydroxyvitamin D3
CN 1.alpha.,25-Dihydroxy-.DELTA.16-vitamin D3
CN 1.alpha.,25-Dihydroxy-16-ene-vitamin D3
CN 1.alpha.,25-Dihydroxyvitamin-16-ene D3
CN Ro 24-2637
CN VD 2708
FS STEREOSEARCH
DR 136198-25-9
MF C27 H42 O3
CI COM
SR CA
LC STN Files: CA, CANCERLIT, CAPLUS, MEDLINE, TOXCENTER, USPATFULL

Absolute stereochemistry.
Double bond geometry as shown.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

50 REFERENCES IN FILE CA (1967 TO DATE)
2 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
50 REFERENCES IN FILE CAPLUS (1967 TO DATE)

REFERENCE 1: 136:200351

REFERENCE 2: 135:116755

REFERENCE 3: 135:56484

REFERENCE 4: 135:56067

REFERENCE 5: 135:29446

REFERENCE 6: 135:28640

REFERENCE 7: 134:232195

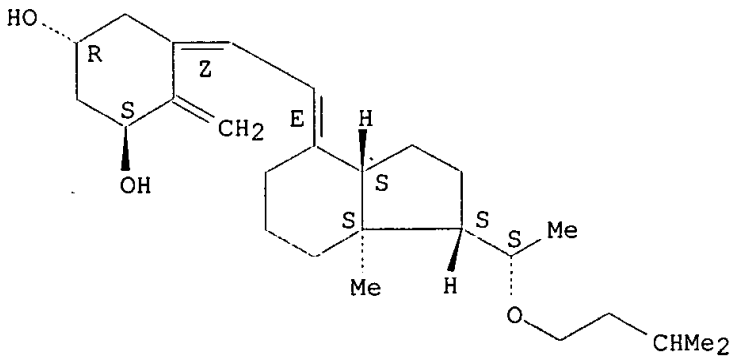
REFERENCE 8: 134:217357

REFERENCE 9: 131:306845

REFERENCE 10: 131:267036

L75 ANSWER 7 OF 9 REGISTRY COPYRIGHT 2002 ACS
RN **111687-67-3** REGISTRY
CN 1,3-Cyclohexanediol, 4-methylene-5-[(2E)-[(1S,3aS,7aS)-octahydro-7a-methyl-1-[(1S)-1-(3-methylbutoxy)ethyl]-4H-inden-4-ylidene]ethylidene]-, (1R,3S,5Z)- (9CI) (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN 1,3-Cyclohexanediol, 4-methylene-5-[2-[octahydro-7a-methyl-1-[1-(3-methylbutoxy)ethyl]-4H-inden-4-ylidene]ethylidene]-, [1S-[1.alpha.(R*),3a.beta.,4E(1S*,3R*,5Z),7a.alpha.]]-
OTHER NAMES:
CN 22-Oxa-1.alpha.-hydroxyvitamin D3
FS STEREOSEARCH
DR 103909-46-2
MF C26 H42 O3
SR CA
LC STN Files: BEILSTEIN*, CA, CANCERLIT, CAPLUS, CASREACT, MEDLINE, TOXCENTER, USPATFULL
(*File contains numerically searchable property data)

Absolute stereochemistry.
Double bond geometry as shown.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

9 REFERENCES IN FILE CA (1967 TO DATE)
9 REFERENCES IN FILE CAPLUS (1967 TO DATE)

REFERENCE 1: 135:56067

REFERENCE 2: 130:20596

REFERENCE 3: 112:70796

REFERENCE 4: 111:17143

REFERENCE 5: 110:69959

REFERENCE 6: 110:29130

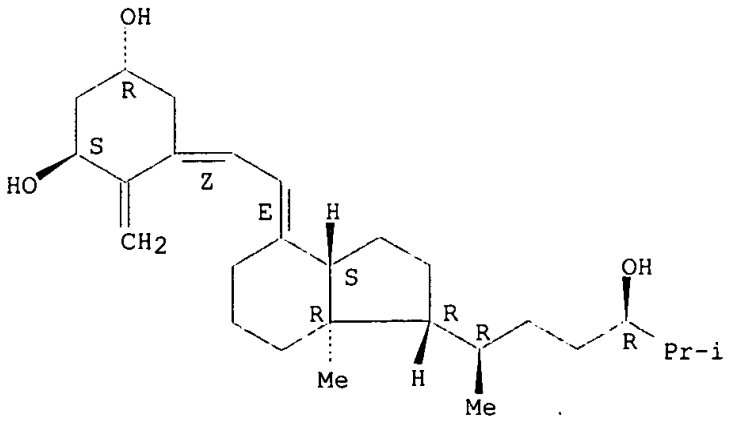
REFERENCE 7: 110:13599

REFERENCE 8: 108:88191

REFERENCE 9: 108:6275

L75 ANSWER 8 OF 9 REGISTRY COPYRIGHT 2002 ACS
RN **57333-96-7** REGISTRY
CN 9,10-Secocholesta-5,7,10(19)-triene-1,3,24-triol,
(1.alpha.,3.beta.,5Z,7E,24R)- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN 1.alpha.,24(R)-Dihydroxycholecalciferol
CN 1.alpha.,24(R)-Dihydroxyvitamin D3
CN 1.alpha.,24R-Dihydroxyvitamin D3
CN Bonalfa
CN Curatoderm
CN PRI 2191
CN Tacalcitol
CN TV 02
FS STEREOSEARCH
DR 131801-95-1
MF C27 H44 O3
CI COM
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, BEILSTEIN*, BIOBUSINESS, BIOSIS, CA, CAPLUS, CASREACT, CIN, DDFU, DRUGNL, DRUGPAT, DRUGU, DRUGUPDATES, IFICDB, IFIPAT, IFIUDB, MRCK*, PHAR, PROMT, RTECS*, SYNTHLINE, TOXCENTER, USAN, USPATFULL, VETU
(*File contains numerically searchable property data)
Other Sources: WHO

Absolute stereochemistry.
Double bond geometry as shown.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

176 REFERENCES IN FILE CA (1967 TO DATE)
1 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
176 REFERENCES IN FILE CAPLUS (1967 TO DATE)

REFERENCE 1: 137:114337

REFERENCE 2: 137:37660

REFERENCE 3: 137:37408

REFERENCE 4: 137:28324

REFERENCE 5: 137:24157

REFERENCE 6: 137:24156

REFERENCE 7: 137:16058

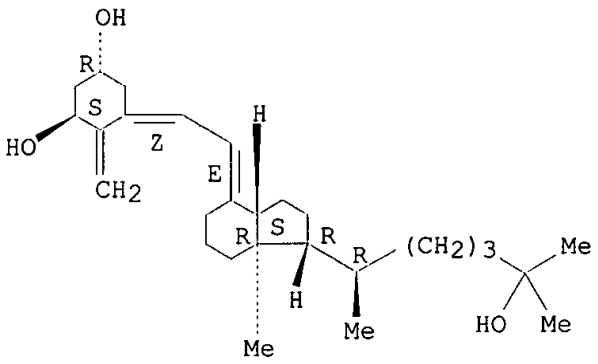
REFERENCE 8: 136:395928

REFERENCE 9: 136:345799

REFERENCE 10: 136:226844

L75 ANSWER 9 OF 9 REGISTRY COPYRIGHT 2002 ACS
RN **32222-06-3** REGISTRY
CN 9,10-Secocholesta-5,7,10(19)-triene-1,3,25-triol, (1.alpha.,3.beta.,5Z,7E)-(9CI) (CA INDEX NAME)
OTHER NAMES:
CN 1,25-Dihydroxycholecalciferol
CN 1,25-Dihydroxyvitamin D
CN 1,25-Dihydroxyvitamin D3
CN 1.alpha.,25-(OH)2D3
CN 1.alpha.,25-Dihydroxycholecalciferol
CN 1.alpha.,25-Dihydroxyvitamin D3
CN Calcijex
CN Calcitriol
CN Ro 21-5535
CN Rocaltrol
CN Silkis
CN Soltriol
CN Topitriol
FS STEREOSEARCH
DR 125338-24-1
MF C27 H44 O3
CI COM
LC STN Files: ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, BEILSTEIN*, BIOBUSINESS, BIOSIS, BIOTECHNO, CA, CABA, CANCERLIT, CAPLUS, CASREACT, CBNB, CEN, CHEMCATS, CHEMINFORMRX, CHEMLIST, CIN, CSCHEM, CSNB, DDFU, DIOGENES, DRUGU, EMBASE, HSDB*, IFICDB, IFIPAT, IFIUDB, IPA, MEDLINE, MRCK*, NAPRALERT, NIOSHTIC, PHAR, PHARMASEARCH, PROMT, RTECS*, TOXCENTER, USAN, USPAT2, USPATFULL, VETU
(*File contains numerically searchable property data)
Other Sources: EINECS**, WHO
(**Enter CHEMLIST File for up-to-date regulatory information)

Absolute stereochemistry.
Double bond geometry as shown.



PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT

9021 REFERENCES IN FILE CA (1967 TO DATE)
254 REFERENCES TO NON-SPECIFIC DERIVATIVES IN FILE CA
9031 REFERENCES IN FILE CAPLUS (1967 TO DATE)

REFERENCE 1: 137:174938

REFERENCE 2: 137:169690

REFERENCE 3: 137:169689

REFERENCE 4: 137:167659

REFERENCE 5: 137:167463

REFERENCE 6: 137:167289

REFERENCE 7: 137:166510

REFERENCE 8: 137:164102

REFERENCE 9: 137:164097

REFERENCE 10: 137:164062

=> fil hcaplus
FILE 'HCAPLUS' ENTERED AT 15:45:27 ON 14 SEP 2002
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FILE LAST UPDATED: 13 Sep 2002 (20020913/ED)

This file contains CAS Registry Numbers for easy and accurate substance identification.

CAS roles have been modified effective December 16, 2001. Please check your SDI profiles to see if they need to be revised. For information on CAS roles, enter HELP ROLES at an arrow prompt or use the CAS Roles thesaurus (/RL field) in this file.

=> d all tot l84

L84 ANSWER 1 OF 5 HCAPLUS COPYRIGHT 2002 ACS
AN **2001:472660** HCAPLUS
DN **135:56067**
TI Use of biologically active **vitamin D** compounds for the prevention and treatment of **inflammatory bowel disease**
IN **Hayes, Colleen E.; Nashold, Faye E.**
PA **Northern Lights Pharmaceuticals, LLC, USA**
SO PCT Int. Appl., 54 pp.
CODEN: PIXXD2
DT Patent
LA English
IC ICM C07C401-00
ICS A61K031-593
CC 1-7 (Pharmacology)
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2001046132	A1	20010628	WO 2000-US34913	20001221 <--
	W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	US 6358939	B1	20020319	US 1999-469985	19991221 <--
	US 2002128241	A1	20020912	US 2001-36819	20011221 <--
PRAI	US 1999-469985	A	19991221 <--		

OS MARPAT 135:56067
AB Methods of treating **inflammatory bowel disease** are described, and in particular the prevention and treatment of **inflammatory bowel disease** in humans as well as other animals. These methods involve the administration of biol. active **vitamin D** compds., and therapeutic compns. thereof, so that the symptoms of **Inflammatory Bowel Disease** are reduced or relieved.
ST **vitamin D** compd **inflammatory bowel disease**
IT Gene, animal
RL: BPR (Biological process); BSU (Biological study, unclassified); BIOL (Biological study); PROC (Process)
(for **inflammatory bowel disease** risk; **vitamin D** compds. for prevention and treatment of **inflammatory bowel disease**)
IT **Intestine, disease**
(**inflammatory; vitamin D** compds. for prevention and treatment of **inflammatory bowel disease**)
IT Drug delivery systems

(injections, i.v.; **vitamin D** compds. for prevention and treatment of **inflammatory bowel disease**)
IT Drug delivery systems
(oral; **vitamin D** compds. for prevention and treatment of **inflammatory bowel disease**)
IT Drug delivery systems
(parenterals; **vitamin D** compds. for prevention and treatment of **inflammatory bowel disease**)
IT Drug delivery systems
(rectal; **vitamin D** compds. for prevention and treatment of **inflammatory bowel disease**)
IT Drug delivery systems
(topical; **vitamin D** compds. for prevention and treatment of **inflammatory bowel disease**)
IT Drug delivery systems
(transdermal; **vitamin D** compds. for prevention and treatment of **inflammatory bowel disease**)
IT **Intestine, disease**
(**ulcerative colitis; vitamin D** compds. for prevention and treatment of **inflammatory bowel disease**)
IT Anti-inflammatory agents
Cat (Felis catus)
Dog (Canis familiaris)
Horse (Equus caballus)
Primate
(**vitamin D** compds. for prevention and treatment of **inflammatory bowel disease**)
IT Interleukin 10
RL: BPR (Biological process); BSU (Biological study, unclassified); BIOL (Biological study); PROC (Process)
(**vitamin D** compds. for prevention and treatment of **inflammatory bowel disease**)
IT **1406-16-2, vitamin D 1406-16-2D, vitamin D, derivs. 32222-06-3, Calcitriol 57333-96-7 111687-67-3 124409-58-1 131875-07-5 131875-08-6 132014-43-8 153088-24-5 346404-77-1**
RL: **BAC (Biological activity or effector, except adverse)**; BSU (Biological study, unclassified); **THU (Therapeutic use)**; BIOL (Biological study); **USES (Uses)**
(**vitamin D** compds. for prevention and treatment of **inflammatory bowel disease**)
IT 7440-70-2, Calcium, biological studies
RL: BPR (Biological process); BSU (Biological study, unclassified); BIOL (Biological study); PROC (Process)
(**vitamin D** compds. for prevention and treatment of **inflammatory bowel disease**)
RE.CNT 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD
RE
(1) Calverley; US 5710142 A 1998 HCAPLUS
(2) Grue-Sorensen; US 5932565 A 1999 HCAPLUS
(3) Hesse; US 5786347 A 1998 HCAPLUS
(4) Schering Aktiengesellschaft; EP 0927721 A1 1999 HCAPLUS

L84 ANSWER 2 OF 5 HCAPLUS COPYRIGHT 2002 ACS
AN **2001:435039** HCAPLUS
DN **135:41381**
TI Treatment of **inflammatory bowel disease** with **vitamin D** compounds
IN Cantorna, Margherita T.
PA The Penn State Research Foundation, USA

Interference ?

SO PCT Int. Appl., 33 pp.
CODEN: PIXXD2
DT Patent
LA English
IC ICM C07C401-00
CC 2-10 (Mammalian Hormones)
FAN.CNT 1

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2001042205	A2	20010614	WO 2000-US42393	20001130 <--
	WO 2001042205	A3	20020321		

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG

	EP 1233942	A2	20020828	EP 2000-992552	20001130 <--

R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR

PRAI	US 1999-168501P	P	19991202 <--
	US 2000-197827P	P	20000414
	US 2000-208632P	P	20000601
	US 2000-231906P	P	20000911
	WO 2000-US42393	W	20001130

OS MARPAT 135:41381

AB A method of treating **inflammatory bowel disease**, particularly **ulcerative colitis** and Crohn's disease, is disclosed. The method involves administering a **vitamin D** compd. in an amt. effective to treat the disease. The administration of a **vitamin D** compd. also prevents the development of or delays the onset of **inflammatory bowel disease** in susceptible individuals.

ST **inflammatory bowel disease** **ulcerative colitis** Crohns **vitamin D** treatment

IT **Intestine, disease**
(Crohn's; treatment of **inflammatory bowel disease** with **vitamin D** compds.)

IT **Intestine, disease**
(**inflammatory**; treatment of **inflammatory bowel disease** with **vitamin D** compds.)

IT Diet
(low calcium; treatment of **inflammatory bowel disease** with **vitamin D** compds.)

IT **Intestine, disease**
(**ulcerative colitis**; treatment of **inflammatory bowel disease** with **vitamin D** compds.)

IT **1406-16-2, vitamin D**
RL: **BAC (Biological activity or effector, except adverse)**; BSU (Biological study, unclassified); **THU (Therapeutic use)**; BIOL (Biological study); **USES (Uses)**
(deficiency; treatment of **inflammatory bowel disease** with **vitamin D** compds.)

IT **32222-06-3D**, analogs **41294-56-8, 1.alpha.-Hydroxyvitamin D3 60133-18-8, 1,25-Dihydroxyvitamin D2**

75363-22-3 108646-38-4, **1.alpha.,25-Dihydroxyvitamin D3** triacetate **131918-61-1**
133876-00-3, 1.alpha.-**Hydroxyvitamin D** 156196-99-5
195051-26-4 217093-03-3
RL: **BAC (Biological activity or effector, except adverse)**; BSU (Biological study, unclassified); **THU (Therapeutic use)**; BIOL (Biological study); **USES (Uses)**
(treatment of **inflammatory bowel disease** with **vitamin D** compds.)

IT 7440-70-2, Calcium, biological studies
RL: BPR (Biological process); BSU (Biological study, unclassified); BIOL (Biological study); PROC (Process)
(treatment of **inflammatory bowel disease** with **vitamin D** compds.)

L84 ANSWER 3 OF 5 HCAPLUS COPYRIGHT 2002 ACS
AN **2001:255853** HCAPLUS
DN **134:271278**
TI Nutritional composition for treating **inflammatory bowel diseases**
IN Snowden, Robert B.
PA Snowden-Sutton Associates, Inc., USA
SO U.S., 6 pp.
CODEN: USXXAM
DT Patent
LA English
IC ICM A61K047-00
NCL 424439000
CC 63-6 (Pharmaceuticals)
Section cross-reference(s): 18
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI US 6214373	B1	20010410	US 1999-414666	19991007 <--
WO 2001024642	A1	20010412	WO 2000-US27404	20001005 <--

W: CA
RW: AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE

PRAI US 1999-414666 A 19991007 <--

AB A nutritional compn. and method useful for treatment of **inflammatory bowel diseases** is disclosed, the compn. comprising selected vitamins and mineral salts for oral administration to a subject having an **inflammatory bowel disease**. The compn. comprises an excess of **vitamin D** and **vitamin** B12 , contains **vitamin** C and iron in quantities promoting good absorption, contains water miscible forms of the fat-sol. **vitamins**, and no phosphate or carbonate salts. Preferably, the iron is present as ferrous fumarate. And, preferably the compn. is essentially free of magnesium. Preferred compn. consists of retinyl acetate 2,500, **cholecalciferol** 400, dl-.alpha.-tocopherol acetate 75 IU, phytonadione 40 .mu.g, ascorbic acid 100, thiamine mononitrate 5, riboflavin 5, pyridoxine hydrochloride 5 mg, cyanocobalamin 500 .mu.g, folic acid 0.2, niacinamide 10, biotin 0.15, pantothenic acid 5, iron 15, calcium 100, zinc 11.25 mg, selenium .mu.g, copper 1, manganese 1 mg, and iodine 75 .mu.g.

ST oral vitamin mineral **inflammatory bowel disease**

IT Drug delivery systems
(caplets; vitamin and mineral compns. for treating **inflammatory bowel diseases**)

IT Drug delivery systems
(capsules; vitamin and mineral compns. for treating **inflammatory bowel diseases**)

IT **Intestine, disease**
(**inflammatory**; vitamin and mineral compns. for treating **inflammatory bowel diseases**)
IT Drug delivery systems
(liqs., oral; vitamin and mineral compns. for treating **inflammatory bowel diseases**)
IT Phosphates, biological studies
Sulfates, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(mineral; vitamin and mineral compns. for treating **inflammatory bowel diseases**)
IT Drug delivery systems
(tablets; vitamin and mineral compns. for treating **inflammatory bowel diseases**)
IT Celiac disease
(vitamin and mineral compns. for treating **inflammatory bowel diseases**)
IT Mineral elements, biological studies
Vitamins
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(vitamin and mineral compns. for treating **inflammatory bowel diseases**)
IT 9004-34-6, Cellulose, biological studies
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(microcryst.; vitamin and mineral compns. for treating **inflammatory bowel diseases**)
IT 50-81-7, Ascorbic acid, biological studies 58-56-0, Pyridoxine hydrochloride 58-85-5, Biotin 59-30-3, Folic acid, biological studies 59-43-8, Vitamin B1, biological studies 59-67-6, Niacin, biological studies 67-97-0, **Colecalciferol** 68-19-9, Cyanocobalamin 79-83-4, Pantothenic acid 83-88-5, Riboflavin, biological studies 84-80-0, Phytonadione 98-92-0, Niacinamide 127-47-9, Retinyl acetate 141-01-5, Ferrous fumarate 532-43-4, Thiamine mononitrate **1406-16-2, Vitamin D** 1406-18-4, Vitamin E 7439-89-6, Iron, biological studies 7439-96-5, Manganese, biological studies 7440-50-8, Copper, biological studies 7440-66-6, Zinc, biological studies 7440-70-2, Calcium, biological studies 7553-56-2, Iodine, biological studies 7782-49-2, Selenium, biological studies 8059-24-3, Vitamin B6 9005-25-8, Starch, biological studies 11103-57-4, Vitamin A 12001-79-5, Vitamin K 52225-20-4, **dl** -.alpha.-Tocopherol acetate
RL: **THU (Therapeutic use)**; BIOL (Biological study); **USES (Uses)**
(**vitamin** and mineral compns. for treating **inflammatory bowel diseases**)
RE.CNT 32 THERE ARE 32 CITED REFERENCES AVAILABLE FOR THIS RECORD
RE
(1) Anon; Gut 1986, V27(S1), P61
(2) Anon; Harrison's Principles of Internal Medicine 12th Ed 1991, V2, P1268
(3) Anon; Recommended Dietary Allowances 10th Ed 1989, P78
(4) Anon; Water-Soluble Vitamins P115
(5) Anon; Water-Soluble Vitamins P169
(6) Anon; Water-Soluble Vitamins P212
(7) Bennet; US 4617317 1986 HCAPLUS
(8) Brennan; US 4587793 1986
(9) Collins; The New England Journal of Medicine 1987, V316, P1654
(10) DeMichele; US 5780451 1998 HCAPLUS
(11) FernandezBanares; The American Journal of Gastroenterology 1989, V84(7), P744 MEDLINE
(12) Franklin; Impaired Folic Acid Absorption in Inflammatory Bowel Disease: Effects of Salicylazosulfapyridine 1973, V64(4), P517 MEDLINE
(13) Green; US 4806354 1989 HCAPLUS
(14) Harries; Postgraduate Medical Journal 1983, V59, P690 HCAPLUS

(15) Hathcock; Jama 1991, V265(1), P96 MEDLINE
(16) Hesse; US 5472957 1995 HCAPLUS
(17) Ivey; Handbook of Nonprescription Drugs 9th Ed 1990, P447
(18) Lashner; Gastroenterology 1989, V97, P255 MEDLINE
(19) Leddin; US 5578576 1996 HCAPLUS
(20) Lederle, F; Jama 1991, V265(1), P94 MEDLINE
(21) Linaker; Postgraduate Medical Journal 1979, V55, P26 MEDLINE
(22) McClain; Digestive Diseases and Sciences 1983, V28(1), P85 MEDLINE
(23) Nakamura; Digestive Diseases and Sciences 1988, V33(12), P1520 MEDLINE
(24) Nugent; American Gastroenterology Association 1979, V76(1), P1 MEDLINE
(25) Paradissis; US 5494678 1996 HCAPLUS
(26) Paul; US 5292538 1994 HCAPLUS
(27) Penny; Gut 1983, V24, P288 MEDLINE
(28) Peraita; US 5135918 1992 HCAPLUS
(29) Rosenberg; Gastroenterology 1989, V97, P502 MEDLINE
(30) Rowland; US 5405613 1995 HCAPLUS
(31) Sturniolo; Gut 1980, V21, P387 HCAPLUS
(32) Vogelsang; Digestive Diseases and Sciences 1989, V34(7), P1094 MEDLINE

L84 ANSWER 4 OF 5 HCAPLUS COPYRIGHT 2002 ACS
AN **2000:144772** HCAPLUS
DN **132:189689**
TI Bioreductive conjugates for drug targeting
IN Adams, Ged; Blake, David; Naughton, Declan; Stratford, Ian
PA Theramark Limited, UK; Adams, Margaret
SO PCT Int. Appl., 48 pp.
CODEN: PIXXD2
DT Patent
LA English
IC ICM A61K047-48
CC 1-12 (Pharmacology)
FAN.CNT 4

	PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI	WO 2000010610	A2	20000302	WO 1999-GB2606	19990819 <--
	W: AE, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CR, CU, CZ, DE, DK, DM, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
	RW: GH, GM, KE, LS, MW, SD, SL, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG				
	AU 9954296	A1	20000314	AU 1999-54296	19990819 <--
PRAI	GB 1998-18027	A	19980819 <--		
	GB 1998-18156	A	19980820 <--		
	WO 1999-GB2606	W	19990819 <--		

OS MARPAT 132:189689
AB The use of a bioreductive conjugate comprised of a noncytotoxic bioreductive moiety having linked thereto at least one therapeutic agent, and salts thereof, is disclosed for the healing of wounds and the treatment of fibrotic disorders, **ulcerative colitis**, **inflammatory bowel disease**, epilepsy, cardiovascular reperfusion injury, cerebral reperfusion injury, hypertension, cystic fibrosis, psoriasis, para-psoriasis, peptic ulcers, gastric ulcers, duodenal ulcers, diabetic ulcers dementia, oncol., AIDS, rheumatoid arthritis, diabetes, and ischemia. Various specific conjugates for treating these conditions are also disclosed.
ST bioreductive conjugate drug targeting therapeutic
IT Transforming growth factors
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(TGF.beta.3; bioreductive conjugates for drug targeting)

IT DNA
RL: BPR (Biological process); BSU (Biological study, unclassified); BIOL (Biological study); PROC (Process)
(alkylation; bioreductive conjugates for drug targeting)
IT Psoriasis
(and para-psoriasis; bioreductive conjugates for drug targeting)
IT Mitosis
(antimitotics; bioreductive conjugates for drug targeting)
IT Actins
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(assembly and organization modulators; bioreductive conjugates for drug targeting)
IT Alkylation
(biochem.; bioreductive conjugates for drug targeting)
IT Anti-AIDS agents
Anti-inflammatory agents
Anti-ischemic agents
Anticoagulants
Anticonvulsants
Antidiabetic agents
Antihypertensives
Antirheumatic agents
Antitumor agents
Antiulcer agents
Apoptosis
Cardiovascular agents
Cystic fibrosis
Drug metabolism
Drug targeting
Fibrinolytics
Fibrosis
Hypoxia, animal
Immunomodulators
Immunosuppressants
Platelet aggregation inhibitors
Radical scavengers
Vasodilators
Wound healing promoters
(bioreductive conjugates for drug targeting)
IT Interleukin 10
Interleukin 4
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(bioreductive conjugates for drug targeting)
IT Interleukin 1
Platelet-derived growth factors
Sex hormones
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(bioreductive conjugates for drug targeting)
IT Ion channel blockers
(calcium; bioreductive conjugates for drug targeting)
IT Drugs
(conjugates; bioreductive conjugates for drug targeting)
IT Corticosteroids, biological studies
Steroids, biological studies
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(conjugates; bioreductive conjugates for drug targeting)
IT Diabetes mellitus
(diabetic ulcer; bioreductive conjugates for drug targeting)
IT Cell cycle

(drugs specific for; bioreductive conjugates for drug targeting)
IT Intestine, disease
(duodenum, ulcer; bioreductive conjugates for drug targeting)
IT Growth factors, animal
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(growth factor neutralizing agents; bioreductive conjugates for drug targeting)
IT **Intestine, disease**
(**inflammatory**; bioreductive conjugates for drug targeting)
IT Lung, neoplasm
Lung, neoplasm
(inhibitors, A549; bioreductive conjugates for drug targeting)
IT Interleukin 6
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitors; bioreductive conjugates for drug targeting)
IT Reperfusion
(injury, including cerebral reperfusion injury; bioreductive conjugates for drug targeting)
IT Integrins
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(integrin receptor activation inhibitors; bioreductive conjugates for drug targeting)
IT Antitumor agents
Antitumor agents
(lung, A549; bioreductive conjugates for drug targeting)
IT Ulcer
(peptic; bioreductive conjugates for drug targeting)
IT Stomach, disease
(ulcer; bioreductive conjugates for drug targeting)
IT **Intestine, disease**
(**ulcerative colitis**; bioreductive conjugates for drug targeting)
IT Proteins, general, biological studies
RL: BPR (Biological process); BSU (Biological study, unclassified); BIOL (Biological study); PROC (Process)
(wound site, growth factor-assocd.; bioreductive conjugates for drug targeting)
IT Adrenoceptor antagonists
(.beta.-; bioreductive conjugates for drug targeting)
IT Polysaccharides, biological studies
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(.beta.-glycans, sol.; bioreductive conjugates for drug targeting)
IT Transforming growth factors
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(.beta.1-; bioreductive conjugates for drug targeting)
IT Transforming growth factors
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(.beta.2-; bioreductive conjugates for drug targeting)
IT Interferons
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(.gamma.; bioreductive conjugates for drug targeting)
IT 114560-25-7 114560-34-8, EO 8 161518-24-7, RB 94547J
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); BIOL (Biological study)
(bioreductive conjugates for drug targeting)
IT 50-06-6D, Phenobarbitone, conjugates, biological studies 50-24-8D, Prednisolone, conjugates 50-78-2D, Aspirin, conjugates 52-53-9D, Verapamil, conjugates 52-67-5D, Penicillamine, conjugates 53-86-1D, Indomethacin, conjugates 57-41-0D, Phenytoin, conjugates 58-32-2D, Dipyridamole, conjugates 59-05-2D, Methotrexate, conjugates 66-97-7D, Psoralen, conjugates 89-57-6D, Mesalazine, conjugates 89-57-6D,

5-Aminosalicylic acid, derivs., conjugates 118-42-3D, Hydroxychloroquine, conjugates 305-03-3D, Chlorambucil, conjugates 443-48-1D, Metronidazole, conjugates 446-86-6D, Azathioprine, conjugates 599-79-1D, Sulfasalazine, conjugates 1069-66-5D, Sodium valproate, conjugates **1406-16-2D, Vitamin D**, analogs, conjugates 6556-11-2D, Inositol nicotinate, conjugates 12244-57-4D, Myochrysine, conjugates 15307-86-5D, Diclofenac, conjugates 15687-27-1D, Ibuprofen, conjugates 21829-25-4D, Niphedipine, conjugates 22204-53-1D, Naproxen, conjugates 26171-23-3D, Tolmetin, conjugates 29679-58-1D, Fenoprofen, conjugates 38194-50-2D, Sulindac, conjugates 51234-28-7D, Benoxaprofen, conjugates 56180-94-0D, Acarbose, conjugates 59865-13-3D, Cyclosporin A, conjugates 62571-86-2D, Captopril, conjugates 67763-97-7D, Insulin-like growth factor II, conjugates 73590-58-6D, Omeprazole, conjugates 79217-60-0D, Cyclosporin, derivs., conjugates 87333-19-5D, Ramipril, conjugates 87679-37-6D, Trandolapril, conjugates 97240-79-4D, Topiramate, conjugates 103577-45-3D, Lansoprazole, conjugates 113194-81-3, TMK 209 117976-89-3D, Rabeprazole, conjugates 259876-40-9, TMK 210 259876-41-0, TMK 207
RL: **BAC (Biological activity or effector, except adverse)**; BSU (Biological study, unclassified); **THU (Therapeutic use)**; BIOL (Biological study); **USES (Uses)**
(bioreductive conjugates for drug targeting)

IT 106096-92-8, Acidic fibroblast growth factor 106096-93-9, Basic fibroblast growth factor
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(bioreductive conjugates for drug targeting)

IT 9015-82-1, Angiotensin-converting enzyme 9025-82-5, Phosphodiesterase 9036-21-9, Phosphodiesterase IV 9055-65-6, Prostaglandin synthetase 9068-52-4, Phosphodiesterase V 81669-70-7, Metalloprotease 99676-46-7, Kexin 125978-95-2, Nitric oxide synthase
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(inhibitors; bioreductive conjugates for drug targeting)

IT 57285-09-3, Inhibin 114949-22-3, Activin
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(stimulators; bioreductive conjugates for drug targeting)

L84 ANSWER 5 OF 5 HCAPLUS COPYRIGHT 2002 ACS
AN **1998:668083** HCAPLUS
DN **129:293874**
TI Pharmaceutical compositions containing flavonoids for the control and treatment of anorectal and colonic diseases
IN Singh, Amarjit; Jain, Rajesh; Singla, Anil Kumar
PA Panacea Biotec Ltd., India; University Institute of Pharmaceutical Sciences
SO Eur. Pat. Appl., 17 pp.
CODEN: EPXXDW
DT Patent
LA English
IC ICM A61K031-35
ICS A61K031-70; A61K031-78
CC 63-5 (Pharmaceuticals)
Section cross-reference(s): 1
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI EP 868914	A1	19981007	EP 1997-302242	19970401 <--

R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO

AB A pharmaceutical compn., and process for the manuf. thereof, comprising one or more flavonoids obtained from the plant Euphorbia prostata useful in the control and treatment of anorectal and colonic diseases. Standardized ext. of E. prostrata, when administered orally showed an

inhibition of both carrageenan-induce edema with ED50 value of 5.98 mg/kg and histamine-induced edema with ED50 value of 16.37 mg/kg. A capsule contained above ext. 15, lactose 250, colloidal silicone dioxide 10, and talc 25 mg.

ST pharmaceutical capsule flavonoid anorectum colon disease

IT Balsams
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(Peru; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Quaternary ammonium compounds, biological studies
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(alkylbenzyldimethyl, chlorides; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Intestine
(anus, fissures; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Crack (fracture)
(anus; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Skin preparations (pharmaceutical)
(astringents; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Medical goods
(bandages; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Drug delivery systems
(buccal; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Drug delivery systems
(capsules; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Intestine, disease
Intestine, disease
(colon; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Drug delivery systems
(films; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Digestive tract
(fistula; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Drug delivery systems
(foams; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Vein
(hemorrhoid; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT **Intestine, disease**
(**inflammatory**; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Irritants
(inhibitors; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Drug delivery systems
(lozenges; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Keratins
RL: BSU (Biological study, unclassified); BIOL (Biological study)
(lysis of, promoters of; pharmaceutical compns. contg. flavonoids for

control and treatment of anorectal and colonic diseases)
IT Drug delivery systems
(ointments, creams; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)
IT Drug delivery systems
(ointments; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)
IT Drug delivery systems
(pads; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)
IT Drug delivery systems
(parenterals; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)
IT Abscess
Anesthetics
Antimicrobial agents
Cholinergic antagonists
Euphorbia prostrata
Pigments, nonbiological
Vasoconstrictors
Wound healing
Yeast
(pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)
IT Flavonoids
RL: BAC (Biological activity or effector, except adverse); BOC (Biological occurrence); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); OCCU (Occurrence); USES (Uses)
(pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)
IT Castor oil
Cocoa butter
Cod liver oil
Petrolatum
Polyoxyalkylenes, biological studies
Sterols
Tannins
Triterpenes
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)
IT Alcohols, uses
RL: NUU (Other use, unclassified); USES (Uses)
(pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)
IT Drug delivery systems
(powders; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)
IT Intestine
(rectum, diseases; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)
IT Fats and Glyceridic oils, biological studies
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(shark-liver oil; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)
IT Alkaloids, biological studies
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)

(solanaceae; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Drug delivery systems
(solns.; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Drug delivery systems
(sprays; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Drug delivery systems
(suppositories; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Drug delivery systems
(suspensions; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Drug delivery systems
(sustained-release; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Drug delivery systems
(tablets; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT **Intestine, disease**
(**ulcerative colitis**; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Fats and Glyceridic oils, biological studies
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(vegetable; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT Hamamelis
(water; pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT 117-39-5, Quercetin 491-70-3, Luteolin 491-70-3D, Luteolin, glycoside derivs. 519-96-0D, 6-Methoxy quercetin, glycoside derivs. 520-36-5D, Apigenin, glycoside derivs.
RL: BAC (Biological activity or effector, except adverse); BOC (Biological occurrence); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); OCCU (Occurrence); USES (Uses)
(pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT 59-42-7, Phenylephrine 59-42-7D, Phenylephrine, salts 76-22-2, Camphor 85-79-0, Dibucaine 86-75-9, 8-Quinolinol benzoate 89-68-9, Chlorothymol 89-78-1, Menthol 94-09-7, Benzocaine 94-24-6, Tetracaine 99-26-3, Bismuth subgallate 101-08-6, Diperodon 101-93-9, Phenacaine 108-46-3, Resorcinol, biological studies 108-95-2, Phenol, biological studies 121-54-0, Benzethonium chloride 123-03-5, Cetylpyridinium chloride 134-31-6, 8-Hydroxyquinoline sulfate 140-65-8, Pramoxine 299-42-3, Ephedrine 1314-13-2, Zinc oxide, biological studies 1317-25-5 **1406-16-2, Vitamin d** 8011-96-9, Calamine 8063-33-0 9005-25-8, Starch, biological studies 10043-35-3, Boric acid, biological studies 11103-57-4, Vitamin a 12263-41-1 21645-51-2, Aluminum hydroxide, biological studies 25322-68-3, Peg 25322-69-4, Polypropylene glycol
RL: **BAC (Biological activity or effector, except adverse)**; BSU (Biological study, unclassified); **THU (Therapeutic use)**; BIOL (Biological study); **USES (Uses)**
(pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

IT 141-78-6, Ethyl acetate, uses 7757-82-6, Sodium sulfate, uses
RL: NUU (Other use, unclassified); USES (Uses)
(pharmaceutical compns. contg. flavonoids for control and treatment of anorectal and colonic diseases)

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=> fil medline
FILE 'MEDLINE' ENTERED AT 15:54:30 ON 14 SEP 2002

 FILE LAST UPDATED: 13 SEP 2002 (20020913/UP). FILE COVERS 1958 TO DATE.

 On June 9, 2002, MEDLINE was reloaded. See HELP RLOAD for details.

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 MeSH 2002 vocabulary. Enter HELP THESAURUS for details.

 THIS FILE CONTAINS CAS REGISTRY NUMBERS FOR EASY AND ACCURATE
 SUBSTANCE IDENTIFICATION.

=> d all tot

L97  ANSWER 1 OF 6     MEDLINE
AN   2001461932     MEDLINE
DN   20720280   PubMed ID: 11503842
TI   Fractures in adults on systemic steroid therapy: which prophylaxis?.
AU   Anonymous
SO   Prescrire Int, (1999 Oct) 8 (43) 153-6.
     Journal code: 9439295. ISSN: 1167-7422.
CY   France
DT   Journal; Article; (JOURNAL ARTICLE)
LA   English
FS   Health Technology
EM   200103
ED   Entered STN: 20010820
     Last Updated on STN: 20010820
     Entered Medline: 20010329
AB   (1) Systemic steroid therapy leads to a loss of bone density after a few
     months. The loss is at least partly reversible on treatment cessation.
     Together with age, the underlying disease, and reduced mobility, systemic
     steroid therapy is a risk factor for fractures. (2) There are no
     treatments with proven efficacy in the prevention of fractures among
     patients on systemic steroid therapy. Prevention is thus based on
     restricting steroid therapy to situations where the benefits are likely to
     outweigh the risks. (3) The first preventive measure is to encourage
     adequate calcium intake, as for all subjects at risk of osteoporosis.
     There is no firm evidence that all patients on steroids require medicinal
     calcium supplementation. (4) Some treatments slow the decline in bone
     density associated with steroid therapy, but none has a demonstrated
     preventive effect on symptomatic fractures. This is the case of the
     calcium + vitamin D combination, which has the best
     risk-benefit ratio. Two diphosphonates and, in postmenopausal women,
     hormone replacement therapy, also have a positive effect on bone density.
CT   Check Tags: Comparative Study; Human
      Arthritis, Rheumatoid: DT, drug therapy
      Asthma: DT, drug therapy
      Bone Density
      Calcitonin: TU, therapeutic use
      Calcium: TU, therapeutic use
      Clinical Trials
      Diphosphonates: TU, therapeutic use
     *Fractures: CI, chemically induced
        Inflammatory Bowel Diseases: DT, drug therapy
     *Osteoporosis: CI, chemically induced
      Osteoporosis: DT, drug therapy
      Osteoporosis: PC, prevention & control
     *Prednisone: AE, adverse effects
      Prednisone: TU, therapeutic use
      Risk Factors
```

Treatment Outcome
Vitamin D: TU, therapeutic use
RN **1406-16-2 (Vitamin D)**; 53-03-2 (Prednisone); 7440-70-2 (Calcium); 9007-12-9 (Calcitonin)
CN 0 (Diphosphonates)

L97 ANSWER 2 OF 6 MEDLINE
AN 1999215633 MEDLINE
DN 99215633 PubMed ID: 10201450
TI Prevention and treatment of osteoporosis in patients with inflammatory bowel disease.
AU Valentine J F; Sninsky C A
CS Gainesville VA Medical Center and the Department of Medicine, University of Florida 32610, USA.
SO AMERICAN JOURNAL OF GASTROENTEROLOGY, **(1999 Apr)** 94 (4) 878-83.
Ref: 40
Journal code: 0421030. ISSN: 0002-9270.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199904
ED Entered STN: 19990511
Last Updated on STN: 19990511
Entered Medline: 19990429
AB Osteopenia or osteoporosis is common in patients with inflammatory bowel disease. The use of corticosteroids contributes to the decline in bone loss; however, osteoporosis may develop in patients with inflammatory bowel disease independent of corticosteroid use. Risk factors for the development of low bone mass in patients with inflammatory bowel disease include the general risk factors for osteoporosis as well as additional factors such as the presence of chronic inflammation, use of corticosteroids and other pharmaceuticals, and nutritional deficiencies as the result of small bowel disease or small bowel resections. Despite the high prevalence, few patients are entered into prophylactic regimens to prevent corticosteroid-induced bone loss. The American College of Rheumatology has recently published recommendations for the prevention and treatment of corticosteroid-induced osteoporosis. In this article, we highlight the special risks for osteoporosis in patients with IBD and adapt the recommendations for prevention and treatment of osteoporosis to this clinical setting.
CT Check Tags: Female; Human; Male
Anti-Inflammatory Agents, Steroidal: AE, adverse effects
Bone Density
Calcitonin: TU, therapeutic use
Calcium Carbonate: TU, therapeutic use
Diphosphonates: TU, therapeutic use
Exercise
Hormone Replacement Therapy
***Inflammatory Bowel Diseases: CO, complications**
Inflammatory Bowel Diseases: EP, epidemiology
Osteoporosis: EP, epidemiology
*Osteoporosis: PC, prevention & control
Prednisone: AE, adverse effects
Risk Factors
Vitamin D: TU, therapeutic use
RN **1406-16-2 (Vitamin D)**; 471-34-1 (Calcium Carbonate); 53-03-2 (Prednisone); 9007-12-9 (Calcitonin)
CN 0 (Anti-Inflammatory Agents, Steroidal); 0 (Diphosphonates)

L97 ANSWER 3 OF 6 MEDLINE

AN 1998415948 MEDLINE
DN 98415948 PubMed ID: 9744699
TI A strategy for osteoporosis in gastroenterology.
AU Scott E M; Scott B B
CS Department of Endocrinology, St James's University Hospital, Leeds, UK.
SO EUROPEAN JOURNAL OF GASTROENTEROLOGY AND HEPATOLOGY, **(1998 Aug)** 10 (8) 689-96; discussion 696-8. Ref: 80
Journal code: 9000874. ISSN: 0954-691X.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LA English
FS Priority Journals
EM 199811
ED Entered STN: 19990106
Last Updated on STN: 19990106
Entered Medline: 19981119
AB Osteoporotic fractures are a major public health problem. Gastroenterologists see many patients at risk of osteoporosis, particularly those with coeliac disease and inflammatory bowel disease. In this paper, the extent of the problem is reviewed and a strategy of investigation and treatment is recommended.
CT Check Tags: Female; Human; Male
Bone Density
Densitometry, X-Ray
Estrogen Replacement Therapy
Fractures: ET, etiology
***Inflammatory Bowel Diseases: CO, complications**
Mass Screening
*Osteoporosis: CO, complications
Osteoporosis: DI, diagnosis
*Osteoporosis: PC, prevention & control
Osteoporosis, Postmenopausal: PC, prevention & control
Risk Factors
Vitamin D: TU, therapeutic use
RN **1406-16-2 (Vitamin D)**

L97 ANSWER 4 OF 6 MEDLINE
AN **96022523** MEDLINE
DN **96022523** PubMed ID: **8590154**
TI Prevention of bone mineral loss in patients with Crohn's disease by long-term oral **vitamin D** supplementation.
AU Vogelsang H; Ferenci P; Resch H; Kiss A; Gangl A
CS Clinic of Internal Medicine IV (Department of Gastroenterology and Hepatology), University of Vienna, Austria.
SO EUROPEAN JOURNAL OF GASTROENTEROLOGY AND HEPATOLOGY, **(1995 Jul)** 7 (7) 609-14.
Journal code: 9000874. ISSN: 0954-691X.
CY ENGLAND: United Kingdom
DT (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LA English
FS Priority Journals
EM 199603
ED Entered STN: 19960404
Last Updated on STN: 19960404
Entered Medline: 19960328
AB OBJECTIVE: To determine whether long-term dietary supplementation with low doses of **vitamin D** helps to prevent bone loss and the development of osteoporosis or osteomalacia in out-patients with Crohn's disease. DESIGN: A randomized controlled study. SETTING: The out-patient

clinic of a tertiary centre (university hospital). PATIENTS: Seventy-five out-patients (31 men and 44 women, aged 16-77 years) with Crohn's disease. INTERVENTIONS: All patients were randomly assigned to receive either an oral supplement of 1000 IU/day **vitamin D** for 1 year or no supplement. Bone mineral density, assessed in the distal part of the nondominant forearm using single photon absorptiometry, and serum levels of 25-hydroxyvitamin D, assessed using a competitive protein binding assay, were measured before and after the period of dietary supplementation. MAIN OUTCOME MEASURE: Relative change of bone mineral density. RESULTS: Serum levels of 25-hydroxyvitamin D increased in 57% of patients who received a supplement (compared with 37% of control patients). Bone mineral density decreased significantly in control patients [median -7%, interquartile range -12.6-(+0.4%)] but not in patients who received a supplement [median -0.2%, interquartile range -3.8-(+14%); P < 0.005]. Increases in bone mineral density were especially prevalent among patients who received the supplement and had normal serum levels of 25-hydroxyvitamin D (68%), whereas increases occurred in only 18% of patients with low serum levels of 25-hydroxyvitamin D (P = 0.008). Patients without an intestinal resection and receiving the **vitamin D** supplement had a marginally greater increase in bone mineral content than patients who had undergone a resection (P = 0.05). CONCLUSION: Long-term oral **vitamin D** supplementation seems to be an efficient means of preventing bone loss in patients with Crohn's disease and could be recommended, especially for patients at high risk of osteoporosis.

CT Check Tags: Comparative Study; Female; Human; Male
Absorptiometry, Photon
Adult
Bone Density
Calcifediol: BL, blood
*Cholecalciferol: TU, therapeutic use
Crohn Disease: CO, complications
***Crohn Disease: DT, drug therapy**
Crohn Disease: ME, metabolism
Osteomalacia: DI, diagnosis
*Osteomalacia: PC, prevention & control
Osteoporosis: DI, diagnosis
*Osteoporosis: PC, prevention & control
Time Factors

RN 19356-17-3 (Calcifediol); 67-97-0 (Cholecalciferol)

L97 ANSWER 5 OF 6 MEDLINE
AN 85190106 MEDLINE
DN 85190106 PubMed ID: 3991404
TI Symptomatic hypercalcaemia precipitated by magnesium therapy.
AU Nanji A A
SO POSTGRADUATE MEDICAL JOURNAL, **(1985 Jan)** 61 (711) 47-8.
Journal code: 0234135. ISSN: 0032-5473.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 198505
ED Entered STN: 19900320
Last Updated on STN: 19970203
Entered Medline: 19850528
AB A patient with Crohn's disease receiving **vitamin D** and calcium had normal serum calcium levels when serum magnesium was low. Hypercalcaemia was precipitated when supplemental magnesium was given. The reason why serum calcium was initially normal is probably related to the effect of magnesium deficiency in reducing serum calcium level.
CT Check Tags: Case Report; Female; Human
Aged

Crohn Disease: DT, drug therapy
Hypercalcemia: BL, blood
*Hypercalcemia: CI, chemically induced
Magnesium: BL, blood
*Magnesium Sulfate: AE, adverse effects
Vitamin D: TU, therapeutic use
RN **1406-16-2 (Vitamin D)**; 7439-95-4 (Magnesium); 7487-88-9 (Magnesium Sulfate)

L97 ANSWER 6 OF 6 MEDLINE
AN 83028394 MEDLINE
DN 83028394 PubMed ID: 6982188
TI **Vitamin D** deficiency and bone disease in patients with Crohn's disease.
AU Driscoll R H Jr; Meredith S C; Sitrin M; Rosenberg I H
SO GASTROENTEROLOGY, **(1982 Dec)** 83 (6) 1252-8.
Journal code: 0374630. ISSN: 0016-5085.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 198212
ED Entered STN: 19900317
Last Updated on STN: 19900317
Entered Medline: 19821218
AB The prevalence of **vitamin D** deficiency in Crohn's disease and the relationship of **vitamin D** status to metabolic bone disease have not been fully characterized. Serum 25-hydroxyvitamin D was measured in 82 patients with Crohn's disease; 65% of Crohn's disease patients had a low serum 25-hydroxyvitamin D concentration; 25% had deficient levels (less than 10 ng/ml). The lowest 25-hydroxyvitamin D levels were observed in patients with previous ileal resections. Nine patients were studied in detail including transiliac needle bone biopsies; 6 had osteomalacia and 3 osteoporosis. Six patients had repeat bone biopsies 9 to 18 mo after **vitamin D** treatment. Three patients with osteomalacia and low serum 25-hydroxyvitamin D levels showed histologic improvement after therapy with oral **vitamin D** restored serum 25-hydroxyvitamin D levels to normal. The adequacy of therapy was assessed accurately by monitoring serum 25-hydroxyvitamin D concentration. Three patients with metabolic bone disease with normal serum 25-hydroxyvitamin D levels at diagnosis did not show histologic improvement after receiving **vitamin D**.
CT Check Tags: Female; Human; Male
25-Hydroxyvitamin D 2
Adult
Aged
*Bone Diseases, Metabolic: CO, complications
Bone Diseases, Metabolic: DT, drug therapy
Bone Diseases, Metabolic: PA, pathology
Bone and Bones: PA, pathology
Crohn Disease: BL, blood
***Crohn Disease: CO, complications**
Crohn Disease: PA, pathology
Ergocalciferols: AA, analogs & derivatives
Ergocalciferols: BL, blood
Middle Age
Osteomalacia: CO, complications
Vitamin D: TU, therapeutic use
***Vitamin D Deficiency: CO, complications**
Vitamin D Deficiency: DT, drug therapy
RN **1406-16-2 (Vitamin D)**; 21343-40-8 (25-Hydroxyvitamin D 2)
CN 0 (Ergocalciferols)

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L111 ANSWER 1 OF 11  EMBASE  COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN   1999319084  EMBASE
TI   [Demineralization of bone in Crohn's disease, its diagnosis, treatment and
     prevention].
     DEMINERALIZACE KOSTI U M. CROHN, JEJI DIAGNOSTIKA, LECBA A PREVENCE.
AU   Kocian J.; Kocianova J.
CS   Dr. J. Kocian, I Interni Klinika, IPVZ FTN, Videnska 800, 140 59 Praha 4,
     Czech Republic
SO   Casopis Lekaru Ceskych, (1999) 138/17 (522-524).
     Refs: 30
     ISSN: 0008-7335  CODEN: CLCEAL
CY   Czech Republic
DT   Journal; General Review
FS   033     Orthopedic Surgery
     037     Drug Literature Index
     038     Adverse Reactions Titles
     048     Gastroenterology
LA   Czech
SL   English; Czech
AB   In 20 - 60% of patients with Crohn's disease bone demineralization is
     found, usually osteoporosis, but also osteoporosis with malatic features.
     The cause is the reduced calcium intake (loss of appetite, lactose
     intolerance and malabsorption), reduced vitamin D
     intake and corticoid therapy. Nowadays the diagnosis is facilitated by the
     use of densitometers (ultrasonic and DEXA) and markers of osteoresorption
     and new bone formation. In treatment in addition to calcium and
     vitamin D used for a long time, fluorides are
     administered (only as monofluorophosphate), nasal thyrocalcitonin and
     bisphosphonates of the third series (alendronate). In postmenopausal women
     also hormonal treatment can be used unless contraindicated. However,
     burdening of the bones with regular exercise is a necessity. For
     prevention adequate calcium and vitamin D intake is
     important, non-smoking, and exercise.
CT   Medical Descriptors:
       *Crohn disease: DT, drug therapy
     *osteoporosis: CO, complication
     *osteoporosis: DI, diagnosis
     *osteoporosis: DT, drug therapy
     *osteoporosis: PC, prevention
     *osteoporosis: SI, side effect
     bone demineralization: CO, complication
     bone demineralization: DT, drug therapy
     bone demineralization: PC, prevention
     bone demineralization: SI, side effect
     osteomalacia: CO, complication
     osteomalacia: DT, drug therapy
     osteomalacia: PC, prevention
     osteomalacia: SI, side effect
```

calcium intake
corticosteroid therapy
vitamin intake
echography
dual energy X ray absorptiometry
hormonal therapy
exercise
human
review
Drug Descriptors:
calcium: DT, drug therapy
vitamin d: DT, drug therapy
fluorophosphate: DT, drug therapy
calcitonin: DT, drug therapy
bisphosphonic acid derivative: DT, drug therapy
alendronic acid: DT, drug therapy
estrogen: DT, drug therapy
gestagen: DT, drug therapy
salcatonin: DT, drug therapy
tridin: DT, drug therapy
fluocalcic: DT, drug therapy
corticosteroid: AE, adverse drug reaction
corticosteroid: DT, drug therapy
maxi kalz
RN (calcium) 7440-70-2; (fluorophosphate) 10163-15-2, 15181-43-8, 7631-97-2, 7789-74-4; (calcitonin) 12321-44-7, 21215-62-3, 9007-12-9; (alendronic acid) 66376-36-1; (salcatonin) 47931-85-1
CN (1) Maxi kalz; (2) Fosamax; Fluocalcic; Miacalcic
CO (1) Asta; (2) Merck Sharp and Dohme; Slovako; Biotika

L111 ANSWER 2 OF 11 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 1998105778 EMBASE
TI [Disorders of bone mineralization in Crohn's disease and their teatment]. PORUCHY MINERALIZACE KOSTI U CHROHNOVY CHOROBY A JEJICH LECBA.
AU Kocian J.; Kocianova J.
CS Dr. J. Kocian, I Interni Klinika, IPVZ FTN, Videnska 800, 140 59 Praha 4, Czech Republic
SO Vnitrni Lekarstvi, (1998) 44/3 (162-165).
Refs: 16
ISSN: 0042-773X CODEN: VNLEAH
CY Czech Republic
DT Journal; (Short Survey)
FS 003 Endocrinology
037 Drug Literature Index
048 Gastroenterology
LA Czech
SL English; Czech
AB Frequent complications of Crohn's disease include disorders of bone mineralization. They are due to a reduce dietary calcium supply in patients with lactose intolerance and a certain degree of malabsorption of calcium as well as **vitamin D**. The position is made worse by corticoids used in treatment of the basic disease, because they interfere not only with **vitamin D** conversation into its active (and much more effective) metabolites but also with osteoid formation. In the early diagnosis of demineralization a densitometer can be used; markers of bone metabolism are used so far less frequently. As to treatment either blockers of enhanced bone resorption can be used (Ca, **vitamin D**, bisposponates and thyrocalcitonin) or substances stimulating new formation of bone (F, growth factors, in postmenopause women hormonal substitution treatment) or a combination of preparations from both groups can be used. An irreplaceable part is played also by exercise, depending, of course, on the patient's general condition.

CT Medical Descriptors:
***crohn disease: DI, diagnosis**
***crohn disease: DT, drug therapy**
*osteoporosis: CO, complication
*osteoporosis: DI, diagnosis
*osteoporosis: DT, drug therapy
*osteoporosis: EP, epidemiology
*osteoporosis: TH, therapy
lactose intolerance: DI, diagnosis
lactose intolerance: DT, drug therapy
malabsorption: ET, etiology
densitometry
hormone substitution
exercise
steroid therapy
human
intranasal drug administration
short survey
Drug Descriptors:
calcium: DT, drug therapy
vitamin d: DT, drug therapy
bisphosphonic acid derivative: DT, drug therapy
calcitonin: DT, drug therapy
growth factor: DT, drug therapy
estrogen: CB, drug combination
estrogen: DT, drug therapy
gestagen: CB, drug combination
gestagen: DT, drug therapy
acetylsalicylic acid: DT, drug therapy
salazosulfapyridine: DT, drug therapy
dexamethasone: DT, drug therapy
fluocalcic: DT, drug therapy
tridin: DT, drug therapy
alendronic acid: DT, drug therapy
salcatonin: DT, drug therapy
biomin h
osteogenon
RN (calcium) 7440-70-2; (calcitonin) 12321-44-7, 21215-62-3, 9007-12-9; (acetylsalicylic acid) 493-53-8, 50-78-2, 53663-74-4, 53664-49-6, 63781-77-1; (salazosulfapyridine) 599-79-1; (dexamethasone) 50-02-2; (alendronic acid) 66376-36-1; (salcatonin) 47931-85-1
CN Fosamax; Miacalcic; Biomin h; Osteogenon

L111 ANSWER 3 OF 11 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 97261762 EMBASE
DN 1997261762
TI Medical therapy for inflammatory bowel disease.
AU Feagan B.G.; McDonald J.W.D.
CS Dr. B.G. Feagan, University of Western Ontario, Department of Medicine, Division of Gastroenterology, London, Ont. N6A-5A5, Canada
SO Current Opinion in Gastroenterology, (1997) 13/4 (307-311).
Refs: 33
ISSN: 0267-1379 CODEN: COGAEK
CY United States
DT Journal; (Short Survey)
FS 036 Health Policy, Economics and Management
037 Drug Literature Index
048 Gastroenterology
LA English
SL English
AB In ulcerative colitis the results with a new preparation of budesonide provide a model for development of topically active, orally administered compounds. This approach is promising for the treatment of intestinal

inflammation by this class of steroids, which are characterized by high potency and low systemic toxicity. Immunosuppressive treatment in ulcerative colitis remains a form of therapy whose role is uncertain pending large controlled studies that assess both efficacy and safety. For most patients with ulcerative colitis, 5-ASA remains a mainstay of chronic therapy. Although the use of newer mesalamine compounds is widely accepted among gastroenterologists, they appear to have only marginal benefits compared with sulphasalazine and are significantly more expensive. Economic analysis comparing these interventions is necessary. For Crohn's disease, oral steroid therapy remains the cornerstone of treatment and is substantially more effective than dietary therapy. The use of antibiotic therapy to induce remission requires further evaluation in large, randomized controlled trials. Immunosuppressive therapy with the purine antimetabolites or methotrexate is effective and safe for patients who are resistant to, or dependent on, steroid use.

CT Medical Descriptors:
***enteritis: ET, etiology**
***enteritis: DT, drug therapy**
***enteritis: DM, disease management**
anemia: DR, drug resistance
anemia: DT, drug therapy
anemia: CO, complication
antibiotic therapy
crohn disease: DT, drug therapy
crohn disease: TH, therapy
diet therapy
drug efficacy
drug potency
drug safety
human
immunosuppressive treatment
nutrition
osteopenia: CO, complication
osteopenia: DT, drug therapy
remission
short survey
steroid therapy
ulcerative colitis: DT, drug therapy
Drug Descriptors:
antibiotic agent: DT, drug therapy
budesonide: DT, drug therapy
budesonide: PR, pharmaceutics
erythropoietin: DT, drug therapy
immunosuppressive agent: DT, drug therapy
mesalazine: DT, drug therapy
mesalazine: PE, pharmacoeconomics
methotrexate: DT, drug therapy
purine derivative: DT, drug therapy
salazosulfapyridine: DT, drug therapy
salazosulfapyridine: PE, pharmacoeconomics
steroid: DT, drug therapy
vitamin d: DT, drug therapy
RN (budesonide) 51333-22-3; (erythropoietin) 11096-26-7; (mesalazine) 89-57-6; (methotrexate) 15475-56-6, 59-05-2, 7413-34-5; (salazosulfapyridine) 599-79-1

L111 ANSWER 4 OF 11 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 97149125 EMBASE
DN 1997149125
TI Calciphylaxis in a patient with Crohn's disease in the absence of end-stage renal disease.
AU Barri Y.M.; Graves G.S.; Knochel J.P.
CS Dr. J.P. Knochel, Department of Medicine, Presbyterian Hospital of Dallas,

8200 Walnut Hill Lane, Dallas, TX 75231, United States
SO American Journal of Kidney Diseases, (1997) 29/5 (773-776).
Refs: 34
ISSN: 0272-6386 CODEN: AJKDDP
CY United States
DT Journal; Article
FS 003 Endocrinology
028 Urology and Nephrology
037 Drug Literature Index
LA English
SL English
AB Calciphylaxis is a rare and life-threatening condition of progressive cutaneous necrosis secondary to small and medium-sized vessel calcification previously described in patients with end-stage renal disease and hyperparathyroidism. Early diagnosis may be important in improving the poor outcome in these patients since early intervention may forestall the development of life-threatening complications. We describe a patient with Crohn's disease complicated by short-bowel syndrome and modest renal insufficiency (not requiring renal replacement therapy) who developed calciphylaxis. It appears that longstanding Crohn's disease and the short- bowel syndrome accelerated the development of calciphylaxis as the chronic renal disease was not end stage. Considering the possibility of calciphylaxis in this setting may avoid delaying the diagnosis and its consequences.
CT Medical Descriptors:
*calcinosis: CO, complication
*calcinosis: PC, prevention
*calcinosis: ET, etiology
*calcinosis: DI, diagnosis
*calcinosis: DT, drug therapy
*chronic kidney failure: CO, complication
***crohn disease: SU, surgery**
***crohn disease: DT, drug therapy**
*hyperphosphatemia: CO, complication
*hyperphosphatemia: ET, etiology
*hyperphosphatemia: DI, diagnosis
*secondary hyperparathyroidism: SU, surgery
*secondary hyperparathyroidism: CO, complication
*secondary hyperparathyroidism: DI, diagnosis
*secondary hyperparathyroidism: ET, etiology
*short bowel syndrome: CO, complication
adult
article
calcium blood level
case report
colon resection
disease association
early diagnosis
female
human
parathyroid hormone blood level
phosphate blood level
postoperative complication
Drug Descriptors:
prednisone: DO, drug dose
prednisone: DT, drug therapy
vitamin d: DT, drug therapy
RN (prednisone) 53-03-2

L111 ANSWER 5 OF 11 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN **96124615** EMBASE
DN **1996124615**
TI Crohn's complicated by therapy.

AU Parry T.
CS Aintree Hospitals, NHS Trust,Liverpool, United Kingdom
SO Pharmacy in Practice, (1996) 6/4 (131-132).
ISSN: 0962-9734 CODEN: PHPRF7
CY United Kingdom
DT Journal; (Short Survey)
FS 033 Orthopedic Surgery
048 Gastroenterology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LA English
CT Medical Descriptors:
***crohn disease: DI, diagnosis**
***crohn disease: DT, drug therapy**
*osteoporosis: SI, side effect
*osteoporosis: CO, complication
*osteoporosis: DT, drug therapy
*osteoporosis: PC, prevention
*osteoporosis: ET, etiology
drug choice
fracture
human
oral drug administration
risk factor
short survey
symptomatology
Drug Descriptors:
*corticosteroid: AE, adverse drug reaction
*corticosteroid: DT, drug therapy
*mesalazine: DT, drug therapy
*salazosulfapyridine: DT, drug therapy
alendronic acid: DT, drug therapy
calcitonin: DT, drug therapy
calcium salt: DT, drug therapy
estrogen: DT, drug therapy
etidronic acid: DT, drug therapy
vitamin d: DT, drug therapy
RN (mesalazine) 89-57-6; (salazosulfapyridine) 599-79-1; (alendronic acid) 66376-36-1; (calcitonin) 12321-44-7, 21215-62-3, 9007-12-9; (etidronic acid) 2809-21-4, 3794-83-0, 58449-82-4, 7414-83-7

L111 ANSWER 6 OF 11 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 95195315 EMBASE
DN 1995195315
TI Osteoporosis, corticosteroids and inflammatory bowel disease.
AU Compston J.E.
CS Department of Medicine, Addenbrooke's Hospital,Cambridge CB2 2QQ, United Kingdom
SO Alimentary Pharmacology and Therapeutics, (1995) 9/3 (237-250).
ISSN: 0269-2813 CODEN: APTHEN
CY United Kingdom
DT Journal; General Review
FS 003 Endocrinology
006 Internal Medicine
010 Obstetrics and Gynecology
020 Gerontology and Geriatrics
048 Gastroenterology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions TitlesDrug Literature Index
LA English
SL English

AB Osteoporosis is a serious complication of inflammatory bowel disease which has not received adequate recognition despite its high prevalence and potentially devastating clinical effects. Its pathogenesis remains poorly defined although corticosteroid therapy and sex hormone deficiency are likely to play a major role. Recent advances in the diagnosis and management of osteoporosis have facilitated early detection of bone loss and identified means by which this may be prevented. Bone density measurements to predict fracture risk and define thresholds for prevention and treatment should be performed routinely in patients with inflammatory disease. Hormone replacement therapy is effective in prevention of bone loss in peri- and post-menopausal patients, but the treatment of younger women and men of all ages requires further study.

CT Medical Descriptors:
***enteritis: ET, etiology**
***enteritis: DT, drug therapy**
*hormone deficiency
*osteoporosis: DI, diagnosis
*osteoporosis: SI, side effect
*osteoporosis: DT, drug therapy
*osteoporosis: PC, prevention
*osteoporosis: ET, etiology
bone density
female
hormone substitution
human
malnutrition
menopause
oral drug administration
priority journal
review
ulcerative colitis: ET, etiology
ulcerative colitis: DT, drug therapy
vitamin deficiency
Drug Descriptors:
*anabolic agent: DT, drug therapy
*bisphosphonic acid derivative: DT, drug therapy
*calcitonin: DT, drug therapy
*calcium: DT, drug therapy
*corticosteroid: AE, adverse drug reaction
*estrogen: DT, drug therapy
*fluoride sodium: DT, drug therapy
*gestagen: DT, drug therapy
*parathyroid hormone: DT, drug therapy
***vitamin d: DT, drug therapy**
etidronic acid: DT, drug therapy

RN (calcitonin) 12321-44-7, 21215-62-3, 9007-12-9; (calcium) 7440-70-2; (fluoride sodium) 51668-54-3, 7681-49-4, 79933-27-0; (parathyroid hormone) 12584-96-2, 68893-82-3, 9002-64-6; (etidronic acid) 2809-21-4, 3794-83-0, 58449-82-4, 7414-83-7

L111 ANSWER 7 OF 11 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 95075839 EMBASE
DN 1995075839
TI Decreased bone density in inflammatory bowel disease is related to corticosteroid use and not disease diagnosis.
AU Bernstein C.N.; Seeger L.L.; Sayre J.W.; Anton P.A.; Artinian L.; Shanahan F.
CS Section of Gastroenterology, Health Sciences Centre, University of Manitoba, 820 Sherbrook St,Winnipeg, Man. R3A-1R9, Canada
SO Journal of Bone and Mineral Research, (1995) 10/2 (250-256).
ISSN: 0884-0431 CODEN: JBMREJ
CY United States
DT Journal; Article

FS 031 Arthritis and Rheumatism
037 Drug Literature Index
038 Adverse Reactions Titles
048 Gastroenterology
LA English
SL English
AB Although corticosteroid therapy is associated with the development of osteopenia, it is unclear whether the cause of osteopenia in inflammatory bowel disease (Crohn's disease and ulcerative colitis) is related to corticosteroid therapy or other disease-related variables. Patients with Crohn's disease (a diffuse gastrointestinal disease) could have greater osteopenia than patients with ulcerative colitis because of small bowel disease and secondary malabsorption of calcium and **vitamin D**. A cross- sectional analysis of consecutive patients with Crohn's disease and ulcerative colitis was undertaken. Bone density was determined by measurements of the L2-L4 spine, the total hip, and Ward's triangle using dual energy X-ray absorptiometry (DXA). A number of clinical parameters were recorded prior to bone density evaluation and analyzed by univariate and subsequently multivariate analysis to determine possible predictors of osteopenia. Of the 26 patients with Crohn's disease, diminished bone density (a Z score of at least -1) was found at the hip in 64% and at the spine in 44%; and of the 23 patients with ulcerative colitis diminished bone density was found at the hip in 43% and at the spine in 48%. Among all the variables tested, only corticosteroid use was a statistically significant predictor of diminished bone density ($p = 0.025$ for the spine and hip and $p = 0.005$ for Ward's triangle). Disease diagnosis (Crohn's disease compared with ulcerative colitis) did not predict or correlate with diminished bone density. No obvious associations were seen between the measurements of any serum hormones or biochemistries and bone density, although the patients using corticosteroids had lower serum calcium levels than the nonusers. Separate multivariate analyses were performed for males and females. Corticosteroid use was statistically significantly associated with diminished bone density in females but not in males. All patients with inflammatory bowel disease (both Crohn's disease and ulcerative colitis), independent of whether or not they have small bowel disease, who have been using corticosteroids for long periods should have their bone density status investigated, since they have a high prevalence of diminished bone density and, therefore, are at risk for bone fractures. Further studies are required to sort out factors that may make bone density in females more sensitive to the effects of corticosteroids than that of males.
CT Medical Descriptors:
*bone density
***enteritis: DT, drug therapy**
***enteritis: ET, etiology**
absorptiometry
adult
article
calcium blood level
clinical article
controlled study
crohn disease: DT, drug therapy
crohn disease: ET, etiology
female
hormone determination
human
human cell
human tissue
male
osteopenia: SI, side effect
ulcerative colitis: ET, etiology
ulcerative colitis: DT, drug therapy
Drug Descriptors:

*aminosalicylic acid: DT, drug therapy
*calcium: DT, drug therapy
*corticosteroid: AE, adverse drug reaction
*corticosteroid: DT, drug therapy
***vitamin d: DT, drug therapy**
RN (aminosalicylic acid) 133-10-8, 133-15-3, 28088-64-4, 51540-64-8, 65-49-6, 80702-32-5; (calcium) 7440-70-2

L111 ANSWER 8 OF 11 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 95040561 EMBASE
DN 1995040561
TI Metabolic bone assessment in patients with inflammatory bowel disease.
AU Abitbol V.; Roux C.; Chaussade S.; Guillemant S.; Kolta S.; Dougados M.; Couturier D.; Amor B.
CS Ctr. d'Evaluation Maladies Osseuses, Hopital Cochin, 27 rue du Faubourg Saint Jacques,75014 Paris, France
SO Gastroenterology, (1995) 108/2 (417-422).
ISSN: 0016-5085 CODEN: GASTAB
CY United States
DT Journal; Article
FS 037 Drug Literature Index
048 Gastroenterology
LA English
SL English
AB Background/Aims: Patients with inflammatory bowel disease are at risk for osteopenia. To study the metabolic bone status of these patients, a cross-sectional study was conducted. Methods: Eighty-four patients (49 women, 35 men) with inflammatory bowel disease, 34 of whom had Crohn's disease and 50 ulcerative colitis (including 18 with prior coloproctectomy and ileoanal anastomosis), underwent clinical, dietary, and spine radiological assessments. Bone metabolism was assessed by measuring serum levels of calcium, phosphate, parathyroid hormone (1-84), 25-hydroxyvitamin D3, 1,25- dihydroxyvitamin D3, and osteocalcin. Lumbar and femoral neck bone mineral densities were measured by dual energy X-ray absorptiometry. Results: Serum osteocalcin level was decreased in 29 patients (34%), 12 of whom had never undergone steroid therapy. The other biochemical markers of bone metabolism were in the normal range. Thirty-six patients (43%) had osteopenia, and 6 patients (7%) had vertebral crush fractures. Osteopenia was observed in 27 patients (52%) and 9 patients (28%) with and without corticosteroid therapy, respectively. No patient had clinical or biological signs of osteomalacia. Analysis of bone density (lumbar Z score) by a multiple regression analysis showed a statistically significant correlation with age, cumulative corticosteroid doses, sedimentation rate, and osteocalcin level ($R2 = 0.76$; $P = 0.05$). Conclusions: The results suggest that bone turnover in inflammatory bowel disease is characterized by low bone formation in the presence of normal levels of calcium-regulating hormones.
CT Medical Descriptors:
***colon crohn disease: DT, drug therapy**
***colon crohn disease: SU, surgery**
*osteopenia: CO, complication
***ulcerative colitis: SU, surgery**
***ulcerative colitis: DT, drug therapy**
adolescent
adult
aged
article
bone density
bone mineralization
bone turnover
dose response
female
human

ileoanal anastomosis
major clinical study
male
ossification
osteomalacia
priority journal
proctocolectomy
vertebra fracture: CO, complication
Drug Descriptors:
***calcifediol: EC, endogenous compound**
***calcitriol: EC, endogenous compound**
*calcium ion: EC, endogenous compound
*osteocalcin: EC, endogenous compound
*parathyroid hormone: EC, endogenous compound
*phosphate: EC, endogenous compound
azathioprine: DO, drug dose
azathioprine: DT, drug therapy
mesalazine: DT, drug therapy
salazosulfapyridine: DT, drug therapy
steroid: DO, drug dose
steroid: DT, drug therapy
vitamin d: DT, drug therapy
RN (calcifediol) 19356-17-3; (calcitriol) 32222-06-3, 32511-63-0, 66772-14-3; (calcium ion) 14127-61-8; (osteocalcin) 136461-80-8; (parathyroid hormone) 12584-96-2, 68893-82-3, 9002-64-6; (phosphate) 14066-19-4, 14265-44-2; (azathioprine) 446-86-6; (mesalazine) 89-57-6; (salazosulfapyridine) 599-79-1

L111 ANSWER 9 OF 11 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN 91204437 EMBASE
DN 1991204437
TI [Severe osteoporosis in a young woman with Crohn's disease].
SCHWERE OSTEOPOROSE BEI EINER JUNGEN PATIENTIN MIT MORBUS CROHN.
AU Neef B.; Horing E.; Maier K.-E.; v. Gaisberg U.
CS Medizinische Klinik Bad Cannstatt, Priessnitzweg 24, W-7000 Stuttgart 50, Germany
SO Deutsche Medizinische Wochenschrift, (1991) 116/27 (1055-1060).
ISSN: 0012-0472 CODEN: DMWOAX
CY Germany
DT Journal; Article
FS 006 Internal Medicine
033 Orthopedic Surgery
048 Gastroenterology
037 Drug Literature Index
038 Adverse Reactions Titles
LA German
SL English
AB Increasing pain in the region of the lumbar vertebrae occurred in a 23-year-old woman known for the past 61/2 years to have Crohn's disease affecting the ileocolon. Radiology revealed marked osteopenia with collapse and deformation of the vertebral bodies. The only pointer to a bone disease was a markedly lowered serum level of 25-OH-**vitamin D** (< 10 ng/ml). Biopsy from the ileal crest revealed pure osteoporosis without osteomalacia. Decisive pathogenetic factors were, in the main, glucocorticoid medication, malnutrition and the long duration of Crohn's disease. During treatment with monofluorophosphate, 152 g daily, in fixed combination with 600 mg calcium as well as calcitonin (initially 100 I.U. daily subcutaneously for two weeks, than 100 I.U. every other day s.c.) and **vitamin D** (3 x 1,000 I.U. daily by mouth) she became free of symptoms, and she has remained so for 9 months.
CT Medical Descriptors:
***crohn disease: DT, drug therapy**
*osteoporosis: SI, side effect

*osteoporosis: CO, complication
*osteoporosis: DT, drug therapy
***vitamin d deficiency: CO, complication**
article
bone biopsy
case report
female
human
lumbar spine
malnutrition
oral drug administration
priority journal
subcutaneous drug administration
vitamin blood level
adult
Drug Descriptors:
***25 hydroxyvitamin d: EC, endogenous compound**
*calcitonin: DT, drug therapy
*calcitonin: CB, drug combination
*calcium: DT, drug therapy
*calcium: CB, drug combination
*fluorophosphate: DT, drug therapy
*fluorophosphate: CB, drug combination
*glucocorticoid: AE, adverse drug reaction
***vitamin d: DT, drug therapy**
***vitamin d: CB, drug combination**
RN (25 hydroxyvitamin d) 64719-49-9; (calcitonin) 12321-44-7, 21215-62-3, 9007-12-9; (calcium) 7440-70-2; (fluorophosphate) 10163-15-2, 15181-43-8, 7631-97-2, 7789-74-4

L111 ANSWER 10 OF 11 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN **87090510** EMBASE
DN **1987090510**
TI [Medical treatment of Crohn's disease].
TRAITEMENT MEDICAL DE LA MALADIE DE CROHN.
AU Hecht Y.
CS Service de Chirurgie Digestive, Hopital Saint-Antoine, 75012 Paris, France
SO Gazette Medicale, (1987) 94/7 (41-47).
CODEN: GAMEE8
CY France
DT Journal
FS 037 Drug Literature Index
LA French
CT Medical Descriptors:
***crohn disease**
*drug therapy
therapy
digestive system
short survey
human
Drug Descriptors:
*antibiotic agent
*antiinflammatory agent
*azathioprine
*bcg vaccine
*codeine
***colecalciferol**
*colestyramine
*cromoglycate disodium
*cyanocobalamin
*folic acid
*levamisole
*loperamide

*mesalazine
*metronidazole
*paregoric
*prednisolone
*prednisone
*salazosulfapyridine
RN (azathioprine) 446-86-6; (codeine) 76-57-3; (colecalciferol) **1406-16-2**, 67-97-0; (colestyramine) 11041-12-6, 58391-37-0; (cromoglycate disodium) 15826-37-6, 16110-51-3, 93356-79-7, 93356-84-4; (cyanocobalamin) 53570-76-6, 68-19-9, 8064-09-3; (folic acid) 59-30-3, 6484-89-5; (levamisole) 14769-73-4, 16595-80-5; (loperamide) 34552-83-5, 53179-11-6; (mesalazine) 89-57-6; (metronidazole) 39322-38-8, 443-48-1; (paregoric) 8029-99-0; (prednisolone) 50-24-8; (prednisone) 53-03-2; (salazosulfapyridine) 599-79-1
CN Pentasa; Salazopyrin; Flagyl; Imurel; Questran

L111 ANSWER 11 OF 11 EMBASE COPYRIGHT 2002 ELSEVIER SCI. B.V.
AN **78036416** EMBASE
DN **1978036416**
TI [Drugs for treatment of gastrointestinal affections and for substitution therapy].
ARZNEIMITTEL ZUR BEHANDLUNG VON MAGEN UND DARMERKRANKUNGEN SOWIE ZUR SUBSTITUTIONS THERAPIE.
AU Doelle W.
CS Med. Univ. Klin., Tubingen, Germany
SO Deutsche Apotheker Zeitung, (1977) 117/5 (164-165).
CODEN: DAZEA2
DT Journal
FS 037 Drug Literature Index
LA German
CT Medical Descriptors:
*clinical study
*drug comparison
*irritable colon
*malabsorption
*peptic ulcer
*drug therapy
***ulcerative colitis**
therapy
major clinical study
Drug Descriptors:
*alpha tocopherol
*antacid agent
*antibiotic agent
*calcium carbonate
*carbenoxolone
*carbonic acid
***colecalciferol**
*colestyramine
*cholinergic receptor blocking agent
*cyanocobalamin
*glucocorticoid
*histamine receptor
*iron
*medium chain triacylglycerol
*menadione
*opiate
*retinol
*salazosulfapyridine
*tranquilizer
RN (alpha tocopherol) 1406-18-4, 1406-70-8, 52225-20-4, 58-95-7, 59-02-9; (calcium carbonate) 13397-26-7, 13701-58-1, 14791-73-2, 471-34-1; (carbenoxolone) 5697-56-3, 7421-40-1; (carbonic acid) 3812-32-6, 463-79-6;

(colecalciferol) **1406-16-2**, 67-97-0; (colestyramine) 11041-12-6, 58391-37-0; (cyanocobalamin) 53570-76-6, 68-19-9, 8064-09-3; (iron) 14093-02-8, 53858-86-9, 7439-89-6; (menadione) 58-27-5; (opiate) 53663-61-9, 8002-76-4, 8008-60-4; (retinol) 68-26-8, 82445-97-4; (salazosulfapyridine) 599-79-1
CN Biogastrone; Azulfidine

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L123 ANSWER 1 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 2002:240461 BIOSIS
DN PREV200200240461
TI Use of biologically active **vitamin D** compounds for the prevention and treatment of inflammatory bowel disease.
AU **Hayes, Colleen E. (1); Nashold, Faye E.**
CS (1) Madison, WI USA
ASSIGNEE: Northern Lights Pharmaceuticals, LLC, Madison, WI, USA
PI US 6358939 March 19, 2002
SO Official Gazette of the United States Patent and Trademark Office Patents, (Mar. 19, 2002) Vol. 1256, No. 3, pp. No Pagination.
http://www.uspto.gov/web/menu/patdata.html. e-file.
ISSN: 0098-1133.
DT Patent
LA English
AB Methods of treating inflammatory bowel disease are described, and in particular the prevention and treatment of inflammatory bowel disease in humans as well as other animals. These methods involve the administration of biologically active **vitamin D** compounds, and therapeutic compositions thereof, so that the symptoms of Inflammatory Bowel Disease are reduced or relieved.
NCL 514167000
CC Biochemical Studies - Sterols and Steroids *10067
Pathology, General and Miscellaneous - Therapy *12512
Digestive System - Physiology and Biochemistry *14004
Digestive System - Pathology *14006
Pharmacology - General *22002
Pharmacology - Connective Tissue, Bone and Collagen - Acting Drugs *22012
Pharmacology - Immunological Processes and Allergy *22018
IT Major Concepts
Pharmacology
IT Parts, Structures, & Systems of Organisms
bowel: digestive system
IT Diseases
inflammatory bowel disease: digestive system disease
IT Chemicals & Biochemicals
vitamin D: antiinflammatory - drug, biologically active, immunologic - drug
IT Alternate Indexing
Inflammatory Bowel Diseases (MeSH)
RN **1406-16-2 (VITAMIN D)**

L123 ANSWER 2 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1999:371250 BIOSIS
DN PREV199900371250
TI Osteoporosis as a risk in **inflammatory bowel disease**.
AU Schoon, E.-J.; Wolffenbuttel, B. H. R.; Stockbrugger, R. W. (1)
CS (1) Dept. of Gastroenterology, Academic Hospital Maastricht, P. Debyelaan 25, 6202 AZ, Maastricht Netherlands
SO Drugs of Today, (**April, 1999**) Vol. 35, No. SUPPL. A, pp. 17-28. ISSN: 0025-7656.
DT General Review
LA English
CC **Digestive System - Pathology *14006**
Radiation - Radiation and Isotope Techniques *06504
Biochemical Studies - Vitamins *10063
Biochemical Studies - Sterols and Steroids *10067
Biochemical Studies - Minerals *10069
Anatomy and Histology, General and Comparative - Radiologic Anatomy *11106
Pathology, General and Miscellaneous - Diagnostic *12504
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Immunology and Immunochemistry - Immunopathology, Tissue Immunology *34508
Pharmacology - Connective Tissue, Bone and Collagen - Acting Drugs *22012
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Pathology, General and Miscellaneous - Therapy *12512
Metabolism - Metabolic Disorders *13020
Nutrition - Minerals *13206
Nutrition - Fat-Soluble Vitamins *13208
Digestive System - General; Methods *14001
BC Hominidae 86215
IT Major Concepts
Gastroenterology (Human Medicine, Medical Sciences)
IT Diseases
fracture: injury; **inflammatory bowel disease**: digestive system disease; metabolic bone disease: bone disease, metabolic disease; osteopenia: bone disease; osteoporosis: bone disease, diagnosis, treatment; **Crohn**'s disease: digestive system disease, immune system disease
IT Chemicals & Biochemicals
bisphosphonates: metabolic; calcium: supplementation; corticosteroids: **antiinflammatory; vitamin D**: supplementation
IT Alternate Indexing
Bone Diseases, Metabolic (MeSH); **Crohn Disease** (MeSH); Fractures (MeSH); **Inflammatory Bowel Diseases** (MeSH); Osteoporosis (MeSH)
IT Methods & Equipment
dual X-ray absorptiometry: diagnostic method
IT Miscellaneous Descriptors
bone density
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name
human (Hominidae): patient
ORGN Organism Superterms
Animals; Chordates; Humans; Mammals; Primates; Vertebrates
RN 7440-70-2 (CALCIUM)
1406-16-2 (VITAMIN D)

L123 ANSWER 3 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1999:360592 BIOSIS

DN PREV199900360592
TI Osteoporosis in patients with **inflammatory bowel disease** - Prevalence and risk factors.
AU Von Tirpitz, Ch. (1); Pischulti, G.; Klaus, J.; Rieber, A.; Brueckel, J.; Boehm, B. O.; Adler, G.; Reinshagen, M.
CS (1) Abteilung Innere Medizin I, Universitaetsklinik Ulm, Robert-Koch-Strasse 8, D-89081, Ulm Germany
SO Zeitschrift fuer Gastroenterologie, (**Jan., 1999**) Vol. 37, No. 1, pp. 5-12.
ISSN: 0044-2771.
DT Article
LA German
SL English; German
AB Introduction: Osteopenia and osteoporosis are frequent but often underestimated complications in **inflammatory bowel disease**. In patients with **IBD**, several factors could contribute to osteopenia, but the pathogenetic mechanisms are still not completely understood. We carried out a prospective study to evaluate the prevalence and possible etiologic factors for osteopenia and subsequent osteoporosis in **IBD**-patients. Methods: 140 patients with **inflammatory bowel disease** (**Crohn**'s disease n = 125, **ulcerative colitis** n = 15) underwent clinical and spine radiological assessments. Lumbar bone mineral densities were measured by dual energy X-ray absorptiometry (DXA). Markers of bone formation and resorption and **vitamin D** were assessed in n = 95 patients. Patients were asked about medication, previous or actual intestinal stenosis, smoking and intestinal resection. A lactose-H2-breath test was undertaken if lactose intolerance was clinically suspected. Results: Compared to age- and sex-matched healthy controls (Z-score), the prevalence of osteopenia (Z < -1) was 62%, while osteoporosis (Z < -2) occurred in 38%. The mean bone density of **IBD**-patients was osteopenic with no significant differences between **Crohn**'s disease (Z = -1,24) and **ulcerative colitis** (Z = -1,25). Osteoporotic fractures were seen in three patients (2,1%). **Crohn**'s disease patients with osteoporosis showed a significant lower body mass index (BMI) than patients with normal bone density. 52,9% of patients with manifest osteporosis underwent systemic steroid treatment in the preceeding year, but only 34% of those with normal bone density. Except hemoglobin, none of the biochemical markers showed a significant difference between osteoporosis, osteopenia and patients with normal bone density. Conclusion: The results show a high prevelance of osteopenia and osteporosis in **IBD**. Since osteoporosis is often associated with low body mass index, multiple intestinal resections and previous systemic steroid treatment, we suggest a bone densitometry in these patients. Since etiology of osteoporosis in **IBD** is multifactorious and not completely understood, there is still no standard treatment. The effect of osteoanabolic and antiresorptive agents must be evaluated in further studies.
CC **Digestive System - Pathology *14006**
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Bones, Joints, Fasciae, Connective and Adipose Tissue - Physiology and Biochemistry *18004
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Immunology and Immunochemistry - General; Methods *34502
IT Major Concepts
Gastroenterology (Human Medicine, Medical Sciences); Orthopedics (Human Medicine, Medical Sciences)
IT Diseases
inflammatory bowel disease: bone complications, digestive system disease; lactose intolerance: congenital disease, metabolic disease, digestive system disease, genetic disease; osteopenia: bone disease, etiology, risk factors,

prevalence; osteoporosis: bone disease, risk factors, etiology, prevalence; **ulcerative colitis**: bone complications, digestive system disease; **Crohn**'s disease: bone complications, immune system disease, digestive system disease

IT Alternate Indexing
Bone Diseases, Metabolic (MeSH); **Colitis, Ulcerative** (MeSH); **Crohn Disease** (MeSH); **Inflammatory Bowel Diseases** (MeSH); Lactose Intolerance (MeSH); Osteoporosis (MeSH)

IT Miscellaneous Descriptors
body mass index; bone mineral density

ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia

ORGN Organism Name
human (Hominidae): patient

ORGN Organism Superterms
Animals; Chordates; Humans; Mammals; Primates; Vertebrates

RN 63-42-3 (LACTOSE)

L123 ANSWER 4 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1998:74030 BIOSIS
DN PREV199800074030
TI **Inflammatory bowel disease** and osteoporosis.
AU Andreassen, H. (1); Rungby, J.; Dahlerup, J. F.; Mosekilde, L.
CS (1) Dep. Internal Med., Roskilde County Hosp. Koge, DK-4600 Koge Denmark
SO Scandinavian Journal of Gastroenterology, (**Dec., 1997**) Vol. 32, No. 12, pp. 1247-1255.
ISSN: 0036-5521.
DT Article
LA English
AB The relation between **inflammatory bowel disease** (**IBD**) and osteoporosis has received increasing attention during the past decade. The prevalence of low bone mass in patients with EBD has been reported to be more than 50%. The development of a quick non-invasive method to diagnose osteoporosis (dual-energy X-ray absorptiometry) provides a practical tool to identify the patient who needs special attention. The aetiology of the bone disease in patients with **IBD** has still not been elucidated, but corticosteroids may play a major role. Studies on the prevention/treatment of **IBD** -related osteoporosis are scarce. In a single uncontrolled study hormone replacement therapy proved effective in preventing bone loss in peri- and post-menopausal women with **IBD**. A placebo-controlled study showed that supplementation with calcium and **vitamin D** prevents bone loss in patients with **Crohn**'s disease. The present paper reviews our current knowledge on the mechanisms and epidemiology of **IBD**-related bone disease.
CC **Digestive System - Pathology *14006**
Biochemical Studies - Minerals *10069
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Metabolism - Minerals *13010
Metabolism - Metabolic Disorders *13020
Nutrition - Water-Soluble Vitamins *13210
Nutrition - Prophylactic and Therapeutic Diets *13218
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Pharmacology - Endocrine System *22016
BC Hominidae 86215
IT Major Concepts
Dental and Oral System (Ingestion and Assimilation); Skeletal System (Movement and Support)
IT Diseases
inflammatory bowel disease: digestive system disease; osteoporosis: bone disease

IT Chemicals & Biochemicals
calcium: dietary supplementation; corticosteroids; **vitamin D**: dietary supplementation
IT Methods & Equipment
hormone replacement therapy: therapeutic method
IT Miscellaneous Descriptors
low bone mass
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name
human (Hominidae): patient
ORGN Organism Superterms
Animals; Chordates; Humans; Mammals; Primates; Vertebrates
RN 7440-70-2 (CALCIUM)
1406-16-2 (VITAMIN D)

L123 ANSWER 5 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1996:532257 BIOSIS
DN PREV199699254613
TI A randomized, placebo-controlled trial of calcium supplementation for decreased bone density in corticosteroid-using patients with **inflammatory bowel disease**: A pilot study.
AU Bernstein, C. N. (1); Seeger, L. L.; Anton, P. A.; Artinian, L.; Geffrey, S.; Goodman, W.; Belin, T. R.; Shanahan, F.
CS (1) Sect. Gastroenterol., Univ. Manitoba, GB445 Health Science Cent., 820 Sherbrooke St., Winnipeg, MB R3A 1R9 Canada
SO Alimentary Pharmacology & Therapeutics, (1996) Vol. 10, No. 5, pp. 777-786.
ISSN: 0269-2813.
DT Article
LA English
AB Background: Patients with **inflammatory bowel disease** (**IBD**) have a high prevalence of osteoporosis. A number of studies have found that corticosteroid use is associated with the development of osteoporosis in these patients. Calcium supplementation may be of benefit in corticosteroid-induced osteoporosis and calcium may be a nutrient that patients with **IBD** lack. Aim: To test the benefit of calcium supplementation on bone density in a pilot study over a 1-year period, in a group of corticosteroid-using patients with **IBD**, in a randomized, double-blind, placebo-controlled treatment study. Methods: Corticosteroid-using patients with **IBD** including males over the age of 18 years and premenopausal females, were randomized to receive either calcium carbonate 1000 mg plus **vitamin D** 250 IU (Oscal) or an identically matched placebo. Dual energy X-ray absorptiometry measurements of bone density were obtained at entry and at 1 year. At entry, and every 3 months thereafter, serum was collected for the measurement of haemoglobin, biochemistry and bone hormones. Simultaneously a 24-h urine collection was analysed for calcium excretion and creatinine clearance, and a 4-day food record was collected to document dietary calcium and **vitamin D** ingestion. Results: We found a high prevalence of moderately severe decreased bone density in corticosteroid-using patients with **IBD**. The dose of prednisone in the year prior to study entry was inversely correlated with bone density at the hip ($R = -0.67$, $P = 0.004$). At study entry serum osteocalcin was inversely correlated with corticosteroid dose in the year prior to the study ($R = -0.64$, $P = 0.02$) and at study end, directly correlated with the percentage change in spine bone density ($R = 0.59$, $P = 0.01$). The dietary calcium intake of these patients was close to the current RDA (recommended daily intake) for premenopausal, post-adolescent adults. Calcium supplementation with small extra doses of **vitamin D** conferred no obvious benefit to bone density at the end of 1 year. There was no correlation between oral calcium ingestion and bone mass measurements. Both the treatment and placebo groups' bone density

remained relatively stable at 1 year, suggesting that bone loss in corticosteroid-using patients may peak early into the use of the corticosteroids. Conclusions: Calcium supplementation (1000 mg/day) conferred no significant benefit to bone density at 1 year in patients with corticosteroid-using **IBD** patients with osteoporosis. Future investigations should explore other therapeutic avenues that may have greater effects on increasing bone density in patients who already have considerable osteoporosis.

CC Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Nutrition - Minerals *13206
Digestive System - Pathology *14006
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Pharmacology - Digestive System *22014
Pharmacology - Endocrine System *22016
Toxicology - Pharmacological Toxicology *22504

BC Hominidae *86215

IT Major Concepts
Gastroenterology (Human Medicine, Medical Sciences); Nutrition; Pathology; Pharmacology; Skeletal System (Movement and Support); Toxicology

IT Chemicals & Biochemicals
CALCIUM

IT Miscellaneous Descriptors
ADVERSE EFFECTS; **ANTIINFLAMMATORY**; BONE DISEASE; CALCIUM; CORTICOSTEROID; DECREASED BONE DENSITY; DIGESTIVE SYSTEM DISEASE; **INFLAMMATORY BOWEL DISEASE**; NO BENEFICIAL EFFECTS; NUTRITION; ORTHOPEDICS; OSTEOPOROSIS; PATIENT; PHARMACOLOGY; PILOT STUDY; RANDOMIZED, PLACEBO-CONTROLLED TRIAL; SUPPLEMENTATION; TOXICOLOGY

ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia

ORGN Organism Name
human (Hominidae)

ORGN Organism Superterms
animals; chordates; humans; mammals; primates; vertebrates

RN 7440-70-2 (CALCIUM)

L123 ANSWER 6 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1996:249602 BIOSIS
DN PREV199698805731
TI Asymptomatic malnutrition in children with **inflammatory bowel disease**.
AU Kazlow, P.; Borger, C.; Cohn, L.; Collins, J.; Defelice, A.; Deckelbaum, R.; Narwal, S.
CS Dep. Pediatr., Columbia Univ., New York, NY USA
SO Pediatric Research, (1996) Vol. 39, No. 4 PART 2, pp. 120A.
Meeting Info.: Joint Meeting of the American Pediatric Society and the Society for Pediatric Research Washington, D.C., USA May 6-10, 1996
ISSN: 0031-3998.
DT Conference
LA English
CC General Biology - Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Biochemical Studies - Vitamins 10063
Biochemical Studies - Minerals 10069
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Nutrition - Malnutrition; Obesity *13203
Nutrition - Minerals *13206
Nutrition - Vitamins, General *13207

Digestive System - Pathology *14006
Pediatrics *25000
Developmental Biology - Embryology - Morphogenesis, General *25508
BC Hominidae *86215
IT Major Concepts
Development; Gastroenterology (Human Medicine, Medical Sciences); Nutrition; Pathology; Pediatrics (Human Medicine, Medical Sciences)
IT Chemicals & Biochemicals
VITAMIN A; **VITAMIN D**; VITAMIN E; CALCIUM
IT Miscellaneous Descriptors
CALCIUM; GROWTH FAILURE; MEETING ABSTRACT; NUTRIENT DEFICIENCY; VITAMIN A; **VITAMIN D**; VITAMIN E
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name
human (Hominidae)
ORGN Organism Superterms
animals; chordates; humans; mammals; primates; vertebrates
RN 68-26-8Q (VITAMIN A)
11103-57-4Q (VITAMIN A)
1406-16-2 (VITAMIN D)
1406-18-4 (VITAMIN E)
7440-70-2 (CALCIUM)

L123 ANSWER 7 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1996:120435 BIOSIS
DN PREV199698692570
TI Relationships between **vitamin D**, parathyroid hormone and bone mineral density in **inflammatory bowel disease**.
AU Silvennoinen, J.
CS Gastroenterology Unit/Dep. Internal Med., Univ. Hosp. Oulu, SF-90220 Oulu Finland
SO Journal of Internal Medicine, (1996) Vol. 239, No. 2, pp. 131-137. ISSN: 0954-6820.
DT Article
LA English
AB Objectives: To explore the relationships between **vitamin D** intake, serum parathyroid hormone (PTH) and 25-hydroxyvitamin D (25OHD) concentrations, and bone mineral density (BMD) in **inflammatory bowel disease (IBD)**.
Setting: A university hospital clinic in Finland. Subjects: One hundred and fifty randomly selected patients with **IBD** from the hospital register and 73 healthy controls. Measurements: BMD of the lumbar spine and the proximal femur was measured with dual energy X-ray absorptiometry. **Vitamin D** intake and serum levels of 25OHD and PTH were determined. Results: The **IBD** patients had a lower serum 25 OHD concentration (28.4 (SD 12.0) nmol L-1) than the controls (36.1 (16.7) nmol L-1; P = 0.001), whereas no differences in the **vitamin D** intake or the serum PTH levels were found. The serum 25OHD concentrations and the **vitamin D** intake of the patients with **ulcerative colitis** (n = 67) were similar to those of the **Crohn**'s disease patients (n = 76). The patients with **Crohn**'s disease of the small bowel had slightly, but not significantly, lower serum 2 5 OHD concentrations (25.6 (11.0) nmol L-1) than the other **Crohn**'s disease patients (31.4 (14.3) nmol L-1; P = 0.061). In the **IBD** patients, the **vitamin D** intake and the serum 25 OHD and PTH concentrations were not associated with BMD. Conclusions. Patients with **IBD** have lower serum levels of 25OHD than healthy controls, but similar serum PTH concentrations and **vitamin D** intake. **Vitamin D** intake.
and the serum levels of 25OHD and PTH are not associated with BMD, and malabsorption is unlikely to be a major factor in the aetiology of bone

loss in unselected **IBD** patients.
CC Biochemical Studies - Vitamins 10063
Biochemical Studies - Proteins, Peptides and Amino Acids 10064
Biochemical Studies - Minerals 10069
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Nutrition - Fat-Soluble Vitamins *13208
Digestive System - Pathology *14006
Endocrine System - Parathyroid *17010
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
BC Hominidae *86215
IT Major Concepts
Endocrine System (Chemical Coordination and Homeostasis); Gastroenterology (Human Medicine, Medical Sciences); Nutrition; Pathology; Skeletal System (Movement and Support)
IT Chemicals & Biochemicals
VITAMIN D; PARATHYROID HORMONE
IT Miscellaneous Descriptors
MALABSORPTION; OSTEOPOROSIS
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name
human (Hominidae)
ORGN Organism Superterms
animals; chordates; humans; mammals; primates; vertebrates
RN **1406-16-2 (VITAMIN D)**
9002-64-6 (PARATHYROID HORMONE)

L123 ANSWER 8 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1996:90355 BIOSIS
DN PREV199698662490
TI Osteoporosis in **inflammatory bowel disease.**
AU Kraenzlin, M. E.
CS Missionsstr. 35, CH-4055 Basel Switzerland
SO Seibel, M. J. [Editor]; Kraenzlin, M. E. [Editor]. (1995) pp. 110-114.
Osteoporosis. Osteoporose.
Publisher: S. Karger AG P.O. Box, Allschwilerstrasse 10, CH-4009 Basel, Switzerland.
Meeting Info.: First Interdisciplinary Osteoporosis Symposium Basel, Switzerland October 20-21, 1995
ISBN: 3-8055-6248-9.
DT Book; Conference
LA German
CC General Biology - Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Biochemical Studies - Vitamins 10063
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Metabolism - Minerals *13010
Metabolism - Fat-Soluble Vitamins *13016
Metabolism - Metabolic Disorders *13020
Nutrition - Malnutrition; Obesity *13203
Nutrition - Fat-Soluble Vitamins *13208
Digestive System - Pathology *14006
Reproductive System - Physiology and Biochemistry *16504
Endocrine System - Adrenals *17004
Endocrine System - Gonads and Placenta *17006
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
BC Hominidae *86215
IT Major Concepts
Endocrine System (Chemical Coordination and Homeostasis);

Gastroenterology (Human Medicine, Medical Sciences); Metabolism; Nutrition; Pathology; Reproductive System (Reproduction); Skeletal System (Movement and Support)
IT Chemicals & Biochemicals
CALCIUM; **VITAMIN D**
IT Miscellaneous Descriptors
BOOK CHAPTER; CALCIUM; ESTROGEN; GLUCOCORTICOID; MEETING PAPER; OSTEOMALACIA; PREVENTION; **VITAMIN D**
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name
human (Hominidae)
ORGN Organism Superterms
animals; chordates; humans; mammals; primates; vertebrates
RN 7440-70-2 (CALCIUM)
1406-16-2 (VITAMIN D)

L123 ANSWER 9 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1995:280681 BIOSIS
DN PREV199598294981
TI Oral calcium and **vitamin D** does not impact on decreased bone density in **inflammatory bowel disease (IBD)**: A prospective randomized placebo-controlled study.
AU Bernstein, C. N. (1); Seeger, L. L.; Anton, P. A.; Artinian, L.; Goodman, W. G.; Geffrey, S. P.; Belin, T.; Shanahan, F.
CS (1) Dep. Med., Univ. Manitoba, Winnipeg, MB Canada
SO Gastroenterology, (1995) Vol. 108, No. 4 SUPPL., pp. A782.
Meeting Info.: 95th Annual Meeting of the American Gastroenterological Association and Digestive Disease Week San Diego, California, USA May 14-17, 1995
ISSN: 0016-5085.
DT Conference
LA English
CC General Biology - Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Biochemical Studies - Vitamins 10063
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Pathology, General and Miscellaneous - Therapy *12512
Metabolism - Minerals *13010
Nutrition - Minerals *13206
Nutrition - Prophylactic and Therapeutic Diets *13218
Digestive System - Pathology *14006
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Pharmacology - Clinical Pharmacology *22005
Pharmacology - Endocrine System *22016
Toxicology - Pharmacological Toxicology *22504
BC Hominidae *86215
IT Major Concepts
Gastroenterology (Human Medicine, Medical Sciences); Metabolism; Nutrition; Pathology; Pharmacology; Skeletal System (Movement and Support); Toxicology
IT Chemicals & Biochemicals
CALCIUM; **VITAMIN D**
IT Miscellaneous Descriptors
ANTIINFLAMMATORY AGENT; CALCIUM SUPPLEMENTATION; CORTICOSTEROID; MEETING ABSTRACT
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name

human (Hominidae)
ORGN Organism Superterms
animals; chordates; humans; mammals; primates; vertebrates
RN 7440-70-2 (CALCIUM)
1406-16-2 (VITAMIN D)

L123 ANSWER 10 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1995:275281 BIOSIS
DN PREV199598289581
TI Decreased bone density in **inflammatory bowel disease** is related to corticosteroid use and not disease diagnosis.
AU Bernstein, Charles N. (1); Seeger, Leanne L.; Sayre, James W.; Anton, Peter A.; Artinian, Lucy; Shanahan, Fergus
CS (1) Univ. Manitoba, Section Gastroenterology, Health Science Centre, Room GG-449, 820 Sherbrook Street, Winnipeg, MB R3A 1R9 Canada
SO Journal of Bone and Mineral Research, (1995) Vol. 10, No. 2, pp. 250-256. ISSN: 0884-0431.
DT Article
LA English
AB Although corticosteroid therapy is associated with the development of osteopenia, it is unclear whether the cause of osteopenia in **inflammatory bowel disease** (**Crohn**'s disease and **ulcerative colitis**) is related to corticosteroid therapy or other disease-related variables. Patients with **Crohn**'s disease (a diffuse gastrointestinal disease) could have greater osteopenia than patients with **ulcerative colitis** because of small bowel disease and secondary malabsorption of calcium and **vitamin D**. A cross-sectional analysis of consecutive patients with **Crohn**'s disease and **ulcerative colitis** was undertaken. Bone density was determined by measurements of the L2-L4 spine, the total hip, and Ward's triangle using dual energy X-ray absorptiometry (DXA). A number of clinical parameters were recorded prior to bone density evaluation and analyzed by univariate and subsequently multivariate analysis to determine possible predictors of osteopenia. Of the 26 patients with **Crohn**'s disease, diminished bone density (a Z score of at least -1) was found at the hip in 64% and at the spine in 44%; and of the 23 patients with **ulcerative colitis** diminished bone density was found at the hip in 43% and at the spine in 48%. Among all the variables tested, only corticosteroid use was a statistically significant predictor of diminished bone density ($p = 0.025$ for the spine and hip and $p = 0.005$ for Ward's triangle). Disease diagnosis (**Crohn**'s disease compared with **ulcerative colitis**) did not predict or correlate with diminished bone density. No obvious associations were seen between the measurements of any serum hormones or biochemistries and bone density, although the patients using corticosteroids had lower serum calcium levels than the nonusers. Separate multivariate analyses were performed for males and females. Corticosteroid use was statistically significantly associated with diminished bone density in females but not in males. All patients with **inflammatory bowel disease** (both **Crohn**'s disease and **ulcerative colitis**), independent of whether or not they have small bowel disease, who have been using corticosteroids for long periods should have their bone density status investigated, since they have a high prevalence of diminished bone density and, therefore, are at risk for bone fractures. Further studies are required to sort out factors that may make bone density in females more sensitive to the effects of corticosteroids than that of males.
CC Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Pathology, General and Miscellaneous - Diagnostic *12504
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508

Digestive System - Pathology *14006
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Pharmacology - Endocrine System *22016
Toxicology - Pharmacological Toxicology *22504
BC Hominidae *86215
IT Major Concepts
Gastroenterology (Human Medicine, Medical Sciences); Pathology; Pharmacology; Skeletal System (Movement and Support); Toxicology
IT Miscellaneous Descriptors
BONE MINERAL DENSITY; CORTICOSTEROID TOXICITY; **CROHN**'S DISEASE; OSTEOPENIA; **ULCERATIVE COLITIS**
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name
human (Hominidae)
ORGN Organism Superterms
animals; chordates; humans; mammals; primates; vertebrates

L123 ANSWER 11 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1995:104895 BIOSIS
DN PREV199598119195
TI Vitamin and mineral supplementation in **inflammatory bowel disease**: Article eight in the series.
AU Mason, Joel B.
CS Div. Clin. Nutrition, Tufts Univ. Sch. Med., Boston, MA USA
SO Practical Gastroenterology, (1994) Vol. 18, No. 11, pp. 18A-18D, 18F-18H. ISSN: 0277-4208.
DT Article
LA English
CC Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease 12508
Pathology, General and Miscellaneous - Therapy 12512
Metabolism - Minerals *13010
Metabolism - Fat-Soluble Vitamins *13016
Metabolism - Water-Soluble Vitamins *13018
Nutrition - Minerals *13206
Nutrition - Fat-Soluble Vitamins *13208
Nutrition - Water-Soluble Vitamins *13210
Digestive System - Pathology *14006
BC Hominidae *86215
IT Major Concepts
Gastroenterology (Human Medicine, Medical Sciences); Metabolism; Nutrition
IT Chemicals & Biochemicals
VITAMIN B-12; FOLATE; **VITAMIN D**; CALCIUM; MAGNESIUM; PHOSPHATE; ZINC; IRON
IT Miscellaneous Descriptors
CALCIUM; FOLATE; IRON; MAGNESIUM; PHOSPHATE; VITAMIN B-12; **VITAMIN D**; ZINC
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name
human (Hominidae)
ORGN Organism Superterms
animals; chordates; humans; mammals; primates; vertebrates
RN 68-19-9 (VITAMIN B-12)
59-30-3 (FOLATE)
1406-16-2 (VITAMIN D)
7440-70-2 (CALCIUM)
7439-95-4 (MAGNESIUM)
14265-44-2 (PHOSPHATE)
7440-66-6 (ZINC)
7439-89-6 (IRON)

L123 ANSWER 12 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1995:82716 BIOSIS
DN PREV199598097016
TI Calcipotriol inhibits rectal epithelial cell proliferation in **ulcerative proctocolitis**.
AU Thopmas, M. G.; Nugent, K. P.; Forbes, A.; Williamson, R. C. N. (1)
CS (1) Royal Postgraduate Med. Sch., Hammersmith Hosp., Du Cane Rd., London, W12 0NN UK
SO Gut, (1994) Vol. 35, No. 12, pp. 1718-1720.
ISSN: 0017-5749.
DT Article
LA English
AB **Vitamin D**-3 reduces human rectal crypt cell production rate (CCPR) and may thereby protect against colorectal cancer. Cell turnover is increased in **ulcerative proctocolitis**, which might therefore respond to **vitamin D**-3 metabolites. This study investigated the effect of calcipotriol, a synthetic **vitamin D**-3 analogue that avoids hypercalcaemia, on human rectal CCPR in **ulcerative proctocolitis**. Paired rectal biopsy specimens from seven patients with severe disease were established in organ culture with or without calcipotriol (1 times 10-6 M). After 15 hours, vincristine (0.6 mu-g/ml) was added to induce metaphase arrest, and CCPR was determined by linear regression analysis of accumulated metaphases. Compared with values in 17 controls with incidental anal conditions, median rectal CCPR was 28% higher in **ulcerative proctocolitis**: 5.90 (5.00-9.50) v 4.80 (2.85-7.07) cells/crypt/hour (p lt 0.01). Calcipotriol reduced CCPR by 62% in patients with **ulcerative proctocolitis**, from 5.90 (5.00-9.50) to 2.21 (0.81-3.22) cells/crypt/hour (median with range) p lt 0.01. Thus calcipotriol can dampen the hyperproliferative state in **ulcerative proctocolitis** and could have a therapeutic role in the control of this **inflammatory** condition.
CC Cytology and Cytochemistry - Human *02508
Biochemical Studies - General 10060
Biochemical Studies - Vitamins 10063
Biochemical Studies - Lipids 10066
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Pathology, General and Miscellaneous - Therapy 12512
Digestive System - Pathology *14006
Endocrine System - General *17002
Pharmacology - Clinical Pharmacology *22005
Pharmacology - Digestive System *22014
Developmental Biology - Embryology - Morphogenesis, General *25508
BC Hominidae *86215
IT Major Concepts
Cell Biology; Development; Endocrine System (Chemical Coordination and Homeostasis); Gastroenterology (Human Medicine, Medical Sciences); Pathology; Pharmacology
IT Chemicals & Biochemicals
CALCIPOTRIOL; VITAMIN D3
IT Miscellaneous Descriptors
CALCIPOTRIOL; GASTROINTESTINAL-DRUG; **INFLAMMATION**; VITAMIN D3
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name
human (Hominidae)
ORGN Organism Superterms
animals; chordates; humans; mammals; primates; vertebrates
RN 112965-21-6 (CALCIPOTRIOL)
67-97-0 (VITAMIN D3)

L123 ANSWER 13 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1994:106890 BIOSIS
DN PREV199497119890
TI Longitudinal assessment of growth, mineral metabolism, and bone mass in pediatric **Crohn**'s disease.
AU Issenman, Robert M. (1); Atkinson, Stephanie A.; Radoja, Christine; Fraher, Laurence
CS (1) Dep. Pediatrics, Children's Hosp. at Chedoke-McMaster, 1200 Main Street, Hamilton, ON L8N 3Z5 Canada
SO Journal of Pediatric Gastroenterology and Nutrition, (1993) Vol. 17, No. 4, pp. 401-406.
ISSN: 0277-2116.
DT Article
LA English
AB In children with **inflammatory bowel disease,** controversy continues about the use of long-term alternate day prednisone therapy (ADP) to suppress disease activity and to encourage appetite and growth. One possible side effect of both disease process and prednisone therapy is risk of development of osteoporosis. To evaluate this risk factor, growth, biochemical indices of mineral and **vitamin D** status, and bone mass were measured in nine adolescents with **Crohn**'s disease (CD) who were treated with ADP (0.3 mg/kg gt 3 months per year) compared with eight adolescents treated with minimal ADP exposure (lt 3 months per year). Single photon densitometry was used to measure bone mineral mass at the 1/3 distal radius three times over 2 years. Mean age of the 17 CD boys was 13.9 +- 2.1 years at baseline. CD patients had lower bone BMC/BW mineral content/bone width (BMC/BW) compared with age- and height-matched normal boys at all times. The difference was less when compared to height-matched normal values as CD patients were shorter than healthy reference boys. Plasma 1,25-dihydroxyvitamin D, alkaline phosphatase, and parathyroid hormone significantly increased with treatment of disease but there were no differences between treatment groups. CD patients treated with ADP had similar heights and weights at baseline and demonstrated similar linear growth over 2 years (9.1 cm/2 years) to CD patients without ADP (10.3 cm/2 years). In both groups, BMC/BW increased significantly from year 1 to year 2, but absolute values for bone mass did not differ between the groups. These data suggest that over a 2-year treatment period male CD patients with chronic low-dose ADP exposure achieve linear growth rates and maintain bone mineralization at least as well as male CD patients who do not receive ADP.
CC Clinical Biochemistry; General Methods and Applications 10006
Biochemical Studies - Vitamins 10063
Biochemical Studies - Proteins, Peptides and Amino Acids 10064
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Enzymes - Physiological Studies *10808
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Pathology, General and Miscellaneous - Therapy *12512
Metabolism - Minerals *13010
Metabolism - Fat-Soluble Vitamins *13016
Nutrition - Fat-Soluble Vitamins *13208
Digestive System - Pathology *14006
Blood, Blood-Forming Organs and Body Fluids - Blood and Lymph Studies 15002
Endocrine System - Adrenals *17004
Endocrine System - Parathyroid *17010
Bones, Joints, Fasciae, Connective and Adipose Tissue - Physiology and Biochemistry *18004
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Pharmacology - Clinical Pharmacology *22005
Pharmacology - Endocrine System *22016

Pharmacology - Immunological Processes and Allergy *22018
Pediatrics *25000
Developmental Biology - Embryology - Morphogenesis, General *25508
Immunology and Immunochemistry - Immunopathology, Tissue Immunology *34508
BC Hominidae *86215
IT Major Concepts
Clinical Immunology (Human Medicine, Medical Sciences); Development; Endocrine System (Chemical Coordination and Homeostasis); Enzymology (Biochemistry and Molecular Biophysics); Gastroenterology (Human Medicine, Medical Sciences); Metabolism; Nutrition; Pathology; Pediatrics (Human Medicine, Medical Sciences); Pharmacology; Skeletal System (Movement and Support)
IT Chemicals & Biochemicals
PREDNISONE; 1,25-DIHYDROXYVITAMIN D; **VITAMIN D**; ALKALINE PHOSPHATASE
IT Miscellaneous Descriptors
ALKALINE PHOSPHATASE; ALTERNATE DAY PREDNISONE THERAPY; HORMONE-DRUG; HUMAN ADOLESCENT; IMMUNOSUPPRESSANT-DRUG; **INFLAMMATORY BOWEL DISEASE**; OSTEOPOROSIS; PARATHYROID HORMONE; PREDNISONE; **VITAMIN D**; 1,25-DIHYDROXYVITAMIN D
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name
Hominidae (Hominidae)
ORGN Organism Superterms
animals; chordates; humans; mammals; primates; vertebrates
RN 53-03-2 (PREDNISONE)
32222-06-3Q (1,25-DIHYDROXYVITAMIN D)
66772-14-3Q (1,25-DIHYDROXYVITAMIN D)
1406-16-2 (VITAMIN D)
9001-78-9 (ALKALINE PHOSPHATASE)

L123 ANSWER 14 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1993:482091 BIOSIS
DN PREV199396115691
TI A study on interleukin-6 in **inflammatory bowel disease**.
AU Yamakawa, Masaki
CS Second Dep. Intern. Med., Nagasaki Univ. Sch. Med. Japan
SO Japanese Journal of Gastroenterology, (1993) Vol. 90, No. 6, pp. 1481-1488.
ISSN: 0446-6586.
DT Article
LA Japanese
SL Japanese; English
AB The production of interleukin-6 (IL-6) in patients with **inflammatory bowel disease** (**IBD**) has been measured, including the effects of steroid hormone, salicylazosulfapyridine (SASP) and its metabolites. In active **Crohn**'s disease (CD) (n=12) and **ulcerative colitis** (UC) (n=9), rate of IL-6 positive group in serum was significantly higher than that in controls (n=20) (p lt 0.01, p lt 0.01). In active CD (n=9) and UC (n=9), the level of IL-6 production by peripheral blood mononuclear cells (PBMNC) was 22.8 +- 15.1ng/ml, 24.3 +- 14.4ng/ml, and it was significantly higher than that in controls (n=15, 8.0 +- 6.6ng/ml (p lt 0.05, p lt 0.01). IL-6 production by PBMNC always showed the time dependent increase both in **IBD** and controls, and the level of IL-6 was always higher in **IBD** than that in controls during the culture time. Furthermore, IL-6 production by monocyte in UC (n=6, 4.4 +- 1.4ng/ml) was significantly higher than that in controls (n=6, 1.7 +- 0.8ng/ml) (p lt 0.01). The effects of steroid hormone, SASP and its metabolites on IL-6 production were also investigated. Steroid

hormone significantly reduced IL-6 production by PBMNC, but others had no effect on IL-6 production. This study suggested that IL-6 might be involved in the pathophysiology of **IBD**.

CC Cytology and Cytochemistry - Animal *02506
Biochemical Studies - General 10060
Biochemical Studies - Proteins, Peptides and Amino Acids 10064
Biochemical Studies - Sterols and Steroids 10067
Pathology, General and Miscellaneous - Therapy 12512
Digestive System - Pathology *14006
Endocrine System - General *17002
Pharmacology - Digestive System *22014

BC Hominidae *86215

IT Major Concepts
Cell Biology; Endocrine System (Chemical Coordination and Homeostasis); Gastroenterology (Human Medicine, Medical Sciences); Pharmacology

IT Chemicals & Biochemicals
SALICYLAZOSULFAPYRIDINE

IT Miscellaneous Descriptors
CALBINDIN; CALCIUM ABSORPTION; HORMONE-DRUG; MESSENGER RNA; PARATHYROID HORMONE; **VITAMIN D** ANALOG; **VITAMIN D** RECEPTOR

ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia; Muridae: Rodentia, Mammalia, Vertebrata, Chordata, Animalia

ORGN Organism Name
rat (Muridae); Hominidae (Hominidae)

ORGN Organism Superterms
animals; chordates; humans; mammals; nonhuman mammals; nonhuman vertebrates; primates; rodents; vertebrates

RN 599-79-1 (SALICYLAZOSULFAPYRIDINE)

L123 ANSWER 15 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.

AN 1993:333275 BIOSIS

DN PREV199345028000

TI Densitometric and biologic evaluation of bone status in patients with ileo-anal pouch anastomosis (IAPA.

AU Abitbol, V.; Chaussade, S.; Roux, C.; Pelleter, O.; Pigot, F.; Guillemant, S.; Valleur, P.; Hautefeuille, P.; Amor, B.; et al.

CS Service de Gastroenterol. Rhumatol., Hopital Cochin, Paris France

SO Gastroenterology, (1993) Vol. 104, No. 4 SUPPL., pp. A657.
Meeting Info.: 94th Annual Meeting of the American Gastroenterological Association Boston, Massachusetts, USA May 15-21, 1993
ISSN: 0016-5085.

DT Conference

LA English

CC General Biology - Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Biochemical Studies - Vitamins 10063
Biochemical Studies - Minerals 10069
Anatomy and Histology, General and Comparative - Surgery *11105
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Metabolism - Minerals *13010
Metabolism - Fat-Soluble Vitamins *13016
Metabolism - Metabolic Disorders *13020
Nutrition - Fat-Soluble Vitamins *13208
Digestive System - Physiology and Biochemistry *14004
Digestive System - Pathology *14006
Bones, Joints, Fasciae, Connective and Adipose Tissue - Physiology and Biochemistry *18004
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006

BC Hominidae *86215

IT Major Concepts

Digestive System (Ingestion and Assimilation); Gastroenterology (Human Medicine, Medical Sciences); Metabolism; Nutrition; Pathology; Skeletal System (Movement and Support); Surgery (Medical Sciences)
IT Chemicals & Biochemicals
VITAMIN D
IT Miscellaneous Descriptors
ABSTRACT; BONE MINERAL DENSITY; **INFLAMMATORY BOWEL DISEASE**; **VITAMIN D** DEFICIENCY
ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia
ORGN Organism Name
Hominidae (Hominidae)
ORGN Organism Superterms
animals; chordates; humans; mammals; primates; vertebrates
RN **1406-16-2 (VITAMIN D)**

L123 ANSWER 16 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1993:241234 BIOSIS
DN PREV199344114434
TI Prevalence of osteoporosis in patients with **inflammatory bowel disease**.
AU Bjarnason, I. (1); MacPherson, A. J.; Buxton-Thomas, M.; Forgacs, I.; Moniz, C.
CS (1) Dep. Clinical Biochem., King's Coll. Sch. Med., London SE5 9PJ UK
SO Calcified Tissue International, (1993) Vol. 52, No. SUPPL. 1, pp. S65.
Meeting Info.: XXIIIrd European Symposium on Calcified Tissues Heidelberg, Germany April 25-29, 1993
ISSN: 0171-967X.
DT Conference
LA English
CC General Biology - Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Mathematical Biology and Statistical Methods 04500
Biochemical Studies - Vitamins 10063
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Chordate Body Regions - Back and Buttocks 11310
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Metabolism - Sterols and Steroids *13008
Metabolism - Minerals *13010
Metabolism - Fat-Soluble Vitamins *13016
Metabolism - Metabolic Disorders *13020
Nutrition - Malnutrition; Obesity *13203
Nutrition - Minerals *13206
Nutrition - Fat-Soluble Vitamins *13208
Nutrition - General Dietary Studies *13214
Nutrition - Sterols and Steroids *13226
Digestive System - Pathology *14006
Endocrine System - General *17002
Endocrine System - Adrenals *17004
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Public Health - Public Health Administration and Statistics *37010
Public Health: Epidemiology - Organic Diseases and Neoplasms *37054
BC Hominidae *86215
IT Major Concepts
Endocrine System (Chemical Coordination and Homeostasis); Epidemiology (Population Studies); Gastroenterology (Human Medicine, Medical Sciences); Metabolism; Nutrition; Pathology; Public Health (Allied Medical Sciences); Skeletal System (Movement and Support)
IT Chemicals & Biochemicals
VITAMIN D; CALCIUM
IT Miscellaneous Descriptors

ABSTRACT; CALCIUM; CORTICOSTEROIDS; **CROHN**'S DISEASE; **ULCERATIVE COLITIS**; VERTEBRAL BONE DENSITY; **VITAMIN D**

ORGN Super Taxa
Hominidae: Primates, Mammalia, Vertebrata, Chordata, Animalia

ORGN Organism Name
human (Hominidae)

ORGN Organism Superterms
animals; chordates; humans; mammals; primates; vertebrates

RN **1406-16-2 (VITAMIN D)**
7440-70-2 (CALCIUM)

L123 ANSWER 17 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1992:31034 BIOSIS
DN BA93:20309
TI NUTRITIONAL STATUS OF PATIENTS UNDERGOING ILEAL POUCH-ANAL ANASTOMOSIS.
AU PIRONI L; MIGLIOLI M; RUGGERI E; DALLASTA M A; POGGIOLI G; CAUDARELLA R; PIAZZI S; MINIERO R; GOZZETTI G; BARBARA L
CS IST. CLINICA MED. GASTROENTEROLOGIA, VIA MASSARENTI 9, 40138 BOLOGNA, ITALY.
SO CLIN NUTR (EDINB), (1991) 10 (5), 292-297.
CODEN: CLNUDP. ISSN: 0261-5614.
FS BA; OLD
LA English
AB The nutritional consequences of total colectomy and ileal pouch-anal anastomosis (IPAA) were assessed by evaluating 36 patients at the end of the defunctionalised stage (DS group) and 18 patients with recanalised IPAA (IPAA group). The changes in protein-calorie and zinc status occurring after the closure of the diverting ileostomy were evaluated also in 11 patients assessed both during the DS and the IPAA stage. The results were compared with those observed in 14 patients who underwent a Brooke-type permanent ileostomy (PI group). In the DS group there were protein-calorie malnutrition in 50% of cases characterised by body weight, TSF and AMC values lower than normal associated with normal serum protein levels; severe salt and water depletion with secondary aldosteronism in 90%; normal calcium-phosphorus balance in all but a few cases, low values of parameters related to **vitamin D** and K, Fe, Zn and Cu status in 6-25% of cases and normal folate status. In the IPAA group all the anthropmetric parameters improved significantly after the closure of the protective ileostomy, but muscle mass (AMC) remained lower than normal in 40% of cases; mild salt depletion (urinary Na/K ratio between 1 and 2) was observed in 1/3 of cases and of severe degree (urinary Na/K < 1) in 20%; lower serum Zn occurred in 60% of patients probably due to greater requirements of the metal, secondary to increased muscle protein synthesis; parameters of calcium-phosphorus balance, **vitamin D** and K, folate, Fe and Cu status, were normal in almost all the cases. In the PI group, protein-calorie and salt and mineral nutritional status were similar to those of the IPAA group, whereas Zn status was normal in all the patients and erythrocytes folate levels and prothrombin time were significantly lower than in the IPAA group. These last two results might be explained by the different characteristics of the small bowel flora occurring in the two types of ileostomy.
CC Cytology and Cytochemistry - Human 02508
Mathematical Biology and Statistical Methods 04500
Biochemistry - Physiological Water Studies *10011
Biochemical Studies - Vitamins 10063
Biochemical Studies - Proteins, Peptides and Amino Acids 10064
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Anatomy and Histology, General and Comparative - Surgery *11105
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Pathology, General and Miscellaneous - Therapy 12512

Metabolism - Energy and Respiratory Metabolism *13003
Metabolism - Sterols and Steroids *13008
Metabolism - Minerals *13010
Metabolism - Fat-Soluble Vitamins *13016
Metabolism - Water-Soluble Vitamins *13018
Metabolism - Metabolic Disorders *13020
Nutrition - Malnutrition; Obesity *13203
Nutrition - Minerals *13206
Nutrition - Fat-Soluble Vitamins *13208
Nutrition - Water-Soluble Vitamins *13210
Nutrition - Sterols and Steroids *13226
Digestive System - General; Methods 14001
Digestive System - Pathology *14006
Blood, Blood-Forming Organs and Body Fluids - Blood and Lymph Studies *15002
Blood, Blood-Forming Organs and Body Fluids - Blood Cell Studies *15004
Endocrine System - Adrenals *17004
Medical and Clinical Microbiology - General; Methods and Techniques 36001

BC Microorganisms - Unspecified 01000
Hominidae 86215

IT Miscellaneous Descriptors
HUMAN IRON ZINC COPPER POTASSIUM SODIUM **VITAMIN D**
VITAMIN K FOLATE CALCIUM PHOSPHOROUS BALANCE WATER DEPLETION
ERYTHROCYTES PROTHROMBIN TIME SECONDARY ALDOSTERONISM PROTEIN-CALORIE
MALNUTRITION **ULCERATIVE COLITIS** FAMILIAL POLYPOSIS
SMALL BOWEL FLORA METHOD BROOKE-TYPE PERMANENT ILEOSTOMY STATISTICS

RN 59-30-3 (FOLATE)
1406-16-2 (VITAMIN D)
7439-89-6 (IRON)
7440-09-7 (POTASSIUM)
7440-23-5 (SODIUM)
7440-50-8 (COPPER)
7440-66-6 (ZINC)
7440-70-2 (CALCIUM)
9001-26-7 (PROTHROMBIN)
12001-79-5 (VITAMIN K)

L123 ANSWER 18 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1989:416396 BIOSIS
DN BR37:71859
TI **VITAMIN D** METABOLISM BY MONOCYTES FROM PATIENTS WITH **INFLAMMATORY BOWEL DISEASE.**
AU SOSKOLNE W A; OFFENBACHER S; VAN DYKE T E
CS EMORY UNIV., ATLANTA, GA. USA.
SO 67TH GENERAL SESSION OF THE INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH (IADR), 6TH MEETING OF THE IADR IRISH DIVISION, 72ND ANNUAL MEETING OF THE SCANDINAVIAN ASSOCIATION FOR DENTAL RESEARCH AND THE 26TH ANNUAL MEETING OF THE CONTINENTAL EUROPEAN DIVISION OF THE IADR, DUBLIN, IRELAND, JUNE 28-JULY 1, 1989. J DENT RES. (1989) 68 (SPEC ISSUE JUNE), 1006.
CODEN: JDREAF. ISSN: 0022-0345.
DT Conference
FS BR; OLD
LA English
CC General Biology - Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Cytology and Cytochemistry - Human 02508
Biochemical Studies - Vitamins 10063
Biochemical Studies - Sterols and Steroids 10067
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease 12508
Metabolism - Fat-Soluble Vitamins *13016
Digestive System - Pathology *14006
Blood, Blood-Forming Organs and Body Fluids - Blood Cell Studies *15004

Blood, Blood-Forming Organs and Body Fluids - Lymphatic Tissue and Reticuloendothelial System *15008
Immunology and Immunochemistry - Immunopathology, Tissue Immunology *34508
BC Hominidae 86215
IT Miscellaneous Descriptors
ABSTRACT **VITAMIN D** 25 HYDROXYVITAMIN D-3 IMMUNOLOGY
RN **1406-16-2 (VITAMIN D)**
19356-17-3 (25 HYDROXYVITAMIN D-3)

L123 ANSWER 19 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1989:117076 BIOSIS
DN BR36:62492
TI CHANGES OF THE CALCIUM METABOLISM IN **INFLAMMATORY BOWEL DISEASES.**
AU KOCIAN J; KOCIANOVA J
CS FAC. HOSP. BULOVKA, PRAGUE.
SO GOEBELL, H., B. M. PESKAR AND H. MALCHOW (ED.). FALK SYMPOSIUM, 46. INFLAMMATORY BOWEL DISEASES: BASIC RESEARCH AND CLINICAL IMPLICATIONS; TITISEE, WEST GERMANY, JUNE 7-9, 1987. XVIII+449P. KLUWER ACADEMIC PUBLISHERS: DORDRECHT, NETHERLANDS; BOSTON, MASSACHUSETTS, USA. ILLUS. (1988) 0 (0), 417.
CODEN: FASYDI. ISSN: 0161-5580. ISBN: 0-7462-0067-6.
DT Conference
FS BR; OLD
LA English
CC General Biology - Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Biochemical Studies - Vitamins 10063
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Carbohydrates 10068
Biochemical Studies - Minerals 10069
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease 12508
Metabolism - Carbohydrates *13004
Metabolism - Minerals *13010
Metabolism - Fat-Soluble Vitamins *13016
Metabolism - Metabolic Disorders *13020
Digestive System - Pathology *14006
Endocrine System - Adrenals 17004
Bones, Joints, Fasciae, Connective and Adipose Tissue - Physiology and Biochemistry *18004
Pharmacology - Clinical Pharmacology *22005
Pharmacology - Digestive System *22014
Pharmacology - Endocrine System *22016
Immunology and Immunochemistry - Immunopathology, Tissue Immunology *34508
BC Hominidae 86215
IT Miscellaneous Descriptors
ABSTRACT HUMAN CORTICOSTEROID TREATMENT **VITAMIN D** METABOLISM BONE MINERALIZATION **CROHN**'S DISEASE **ULCERATIVE COLITIS** INTESTINAL WALL AFFECTION LACTOSE INTOLERANCE
RN 63-42-3 (LACTOSE)
1406-16-2 (VITAMIN D)
7440-70-2 (CALCIUM)

L123 ANSWER 20 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1988:367178 BIOSIS
DN BR35:51791
TI DECREASED BONE MINERALIZATION IN PATIENTS WITH **INFLAMMATORY BOWEL DISEASE IBD.**
AU STALLMACH A; FELSENBERG D; PIONTEK A; VALLO M; ZEITZ M; RIECKEN E O

CS DEP. MED., FREE UNIV. BERLIN, WEST BERLIN.
SO 89TH ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION, NEW ORLEANS, LOUISIANA, USA, MAY 14-20, 1988. GASTROENTEROLOGY. (1988) 94 (5 PART 2), A440.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference
FS BR; OLD
LA English
CC General Biology - Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Biochemical Studies - Vitamins 10063
Biochemical Studies - Minerals 10069
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease 12508
Metabolism - Minerals *13010
Metabolism - Fat-Soluble Vitamins *13016
Nutrition - Malnutrition; Obesity *13203
Digestive System - Pathology *14006
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Immunology and Immunochemistry - Immunopathology, Tissue Immunology 34508
BC Hominidae 86215
IT Miscellaneous Descriptors
ABSTRACT HUMAN **CROHN**'S DISEASE **ULCERATIVE COLITIS** CALCIUM **VITAMIN D**
RN **1406-16-2** (**VITAMIN D**)
7440-70-2 (CALCIUM)

L123 ANSWER 21 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1988:219639 BIOSIS
DN BA85:108874
TI CARIES RISK IN PATIENTS WITH **CROHN**'S DISEASE A PILOT STUDY.
AU BEVENIUS J
CS DEP. CARIOL., ODONTOL. FAK., ODONTOL. KLINIKERNA, BOX 4064, S-141 04 HUDDINGE, SWEDEN.
SO ORAL SURG ORAL MED ORAL PATHOL, (1988) 65 (3), 304-307.
CODEN: OSOMAE. ISSN: 0030-4220.
FS BA; OLD
LA English
AB **Crohn**'s disease is a chronic **inflammatory bowel disease** of unknown cause with unpredictable remissions and exacerbations. Associated nutritional deficiences include those involving zinc, magnesium, vitamin B12, folic acid, and **vitamin D**. A group of patients with **Crohn**'s disease underwent detailed cariologic investigation at the Department of Cariology, Karolinska Institutet, Stockholm [Sweden]. Factors predisposing to caries were evaluated according to Krasse's concept of caries risk. On this basis, 11 of the 15 patients had a high caries risk. The concept of caries risk acknowledges the multifactorial background of caries initiation and progression and, in this pilot study, has proved to be an appropriate basis for evaluation of patients with chronic disease. Guidelines for preventive programs appropriate for patients with **Crohn**'s disease, based on the findings of this study, are presented.
CC Biochemical Studies - Vitamins 10063
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Pathology, General and Miscellaneous - Diagnostic *12504
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Nutrition - Malnutrition; Obesity *13203
Nutrition - Minerals *13206
Nutrition - Fat-Soluble Vitamins *13208
Nutrition - Water-Soluble Vitamins *13210

Digestive System - Pathology *14006
Dental and Oral Biology - Pathology *19006
Medical and Clinical Microbiology - Bacteriology *36002
Public Health - Public Health Administration and Statistics *37010
BC Hominidae 86215
IT Miscellaneous Descriptors
SWEDEN NUTRITIONAL DEFICIENCIES ZINC MAGNESIUM VITAMIN B-12 FOLIC ACID **VITAMIN D** CHRONIC **INFLAMMATORY** **BOWEL DISEASE** PREDISPOSING FACTORS
RN 59-30-3 (FOLIC ACID)
68-19-9 (VITAMIN B-12)
1406-16-2 (VITAMIN D)
7439-95-4 (MAGNESIUM)
7440-66-6 (ZINC)

L123 ANSWER 22 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1987:314049 BIOSIS
DN BA84:33556
TI THE ROLE OF NUTRITION IN THE TREATMENT OF **INFLAMMATORY BOWEL DISEASE.**
AU MERYN S
CS I. UNIVERSITAETSKLIN. GASTROENTEROL. HEPATOL., LAZARETTGASSE 14, A-1090 WIEN, AUSTRIA.
SO WIEN KLIN WOCHENSCHR, (**1986 (RECD 1987)**) 98 (22), 774-779.
CODEN: WKWOAO. ISSN: 0043-5325.
FS BA; OLD
LA German
AB The clinical picture and course of **inflammatory bowel disease** are influenced by nutritional abnormalities and malnutrition. Interest at present concentrates on high-fibre low-refined sugar diets, elimination diets with identification of specific food intolerance and low-residue diets. All three failed to show significant positive effects on the course of the disease, need for hospitalisation, surgical procedures required or postoperative recurrence. Only a low lactose diet seems to be justified, since we found lactose intolerance in 25-35% of patients with **inflammatory bowel disease**, as compared with 5-10% in the normal population. In 25 patients with **Crohn**'s disease (CD) a reduction in **inflammatory** activity and improvement of nutritional status was obtained with parenteral nutrition (PN). Nevertheless, longer follow up periods revealed no additional benefit in comparison with conventional therapies. Furthermore, the combination of PN and total bowel rest resulted in the same improvement as with PN alone. 25 patients with CD manifesting an acute phase of the condition were treated with tube feeding (TF) as primary therapy. TF reduced CD activity and improved nutritional status in 15 patients with small bowel disease, whereas the patients with colonic disease and extraintestinal manifestations did not react. A comparison of the effect of PN and TF in 10 patients with CD showed no significant difference with regard to clinical course and objective parameters. In view of the high costs and risks of complications of PN, TF is recommended as primary therapy for the acute phase of CD. The importance of substitution therapy, especially of **vitamin D**, is documented.
CC Biochemical Studies - Carbohydrates 10068
Pathology, General and Miscellaneous - Diagnostic 12504
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Pathology, General and Miscellaneous - Therapy *12512
Metabolism - Carbohydrates 13004
Metabolism - Metabolic Disorders 13020
Nutrition - General Studies, Nutritional Status and Methods *13202
Nutrition - Malnutrition; Obesity *13203
Nutrition - Prophylactic and Therapeutic Diets *13218

Nutrition - Carbohydrates *13220
Digestive System - General; Methods *14001
Digestive System - Pathology *14006
Routes of Immunization, Infection and Therapy 22100
Immunology and Immunochemistry - Immunopathology, Tissue Immunology *34508
BC Hominidae 86215
IT Miscellaneous Descriptors
HUMAN TUBE FEEDING **CROHN**'S DISEASE **ULCERATIVE COLITIS** PARENTERAL PATHOGENESIS FIBER SUGAR LACTOSE INTOLERANCE
RN 63-42-3Q, 16984-38-6Q (LACTOSE)

L123 ANSWER 23 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1986:142962 BIOSIS
DN BA81:53378
TI **VITAMIN D** STATUS IN **CROHN**'S DISEASE
ASSOCIATION WITH NUTRITION AND DISEASE ACTIVITY.
AU HARRIES A D; BROWN R; HEATLEY R V; WILLIAMS L A; WOODHEAD S; RHODES J
CS UNIV. HOSP. WALES, HEATH PARK, CARDIFF.
SO GUT, (1985) 26 (11), 1197-1203.
CODEN: GUTTAK. ISSN: 0017-5749.
FS BA; OLD
LA English
AB Forty patients with **Crohn**'s disease were divided into undernourished (18) and well nourished (22) groups depending on whether their midarm circumference was below or above 90% of the ideal standard. Plasma 25-(OH)D3 and the dihydroxylated metabolites, 24,25-(OH)2D3 and 1,25-(OH)2D3 were measured in the summer. Results were related to clinical and biochemical parameters and also compared with results from patients with **ulcerative colitis** and healthy subjects who served as controls. Plasma 25-(OH)D3 was reduced in the undernourished **Crohn**'s groups compared with the well nourished **Crohn**'s group, who did not differ from the controls. Over 50% of the undernourished **Crohn**'s group had evidence of secondary hyperparathyroidism and raised alkaline phosphatase concentrations, although concentrations of 1,25-(OH)2D3 were normal. The low 25-(OH)D3 concentrations related to disease activity. It is suggested that undernourished **Crohn**'s patients who have high levels of disease activity are at risk of **vitamin D** deficiency, and attempts should be made to improve their **vitamin D** nutrition.
CC Clinical Biochemistry; General Methods and Applications 10006
Biochemical Studies - Vitamins 10063
Biophysics - General Biophysical Techniques 10504
Enzymes - Physiological Studies *10808
Pathology, General and Miscellaneous - Diagnostic 12504
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Metabolism - Fat-Soluble Vitamins *13016
Metabolism - Metabolic Disorders *13020
Nutrition - Malnutrition; Obesity *13203
Nutrition - Fat-Soluble Vitamins *13208
Digestive System - General; Methods 14001
Digestive System - Pathology *14006
Endocrine System - Thyroid *17018
Immunology and Immunochemistry - Immunopathology, Tissue Immunology *34508
BC Hominidae 86215
IT Miscellaneous Descriptors
HUMAN 1 25 DIHYDROXYVITAMIN D-3 24 25 DIHYDROXYVITAMIN D-3 25 HYDROXYVITAMIN D-3 MALNUTRITION DIHYDROXYLATED METABOLITE **ULCERATIVE COLITIS** ALKALINE PHOSPHATASE HYPERPARATHYROIDISM

RN **1406-16-2 (VITAMIN D)**
9001-78-9 (ALKALINE PHOSPHATASE)
19356-17-3 (25 HYDROXYVITAMIN D-3)
32222-06-3 (1 25 DIHYDROXYVITAMIN D-3)
40013-87-4 (24 25 DIHYDROXYVITAMIN D-3)

L123 ANSWER 24 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1986:138335 BIOSIS
DN BA81:48751
TI BONE METABOLIC DISORDER DURING STEROID THERAPY FOR **INFLAMMATORY BOWEL DISEASES**.
AU TADA M; SHIMIZU S; KAWAI K; WATANABE Y
CS DEP. INTERNAL MED., KYOTO FIRST RED CROSS HOSPITAL, KYOTO, JAPAN.
SO J JPN SOC COLO-PROCTOL, (1985) 38 (6), 663-668.
CODEN: NDKGAU. ISSN: 0047-1801.
FS BA; OLD
LA Japanese
AB Bone metabolic disorder is one of the untoward effects caused by steroid administration for **inflammatory bowel diseases** . During steroid therapy, we tried to assess its effects on bone metabolism by means of the microdensitometry method. Using MCI, .DELTA.GSmin and .SIGMA.GS/D as indicators, the amount of administered prednisolone correlated with the degree of osteoporotic changes. Serum calcium, phosphorus, alkaline phosphatase and the N-terminal of PTH (parathormone) were also measured during the course, showing that the serum levels of calcium and phosphorus deviated in some cases where the doses of steroid were low. Administration of activated **vitamin D (1.alpha.-OH-D3)**, 0.5 .mu.g per day, during steroid therapy showed a tendency to prevent the development of osteoporosis and/or normalize the values already mentioned, in so far as the cumulative steroid dose was less than 4000 mg. These data indicated that, during steroid therapy, attention should be directed to its harmful effects on bone metabolism, and that the desirable effects of **1.alpha.-OH-D3** should be appreciated.
CC Cytology and Cytochemistry - Human 02508
Biochemical Studies - Proteins, Peptides and Amino Acids 10064
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Enzymes - General and Comparative Studies; Coenzymes *10802
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Pathology, General and Miscellaneous - Therapy *12512
Digestive System - General; Methods *14001
Digestive System - Physiology and Biochemistry *14004
Digestive System - Pathology *14006
Blood, Blood-Forming Organs and Body Fluids - Blood and Lymph Studies 15002
Endocrine System - Adrenals *17004
Endocrine System - Parathyroid *17010
Bones, Joints, Fasciae, Connective and Adipose Tissue - General; Methods *18001
Bones, Joints, Fasciae, Connective and Adipose Tissue - Physiology and Biochemistry *18004
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Pharmacology - Drug Metabolism; Metabolic Stimulators *22003
Pharmacology - Clinical Pharmacology *22005
Pharmacology - Connective Tissue, Bone and Collagen - Acting Drugs 22012
Pharmacology - Digestive System *22014
Pharmacology - Endocrine System *22016
Pharmacology - Immunological Processes and Allergy 22018
Toxicology - Pharmacological Toxicology *22504
Toxicology - Antidotes and Preventative Toxicology *22505

Immunology and Immunochemistry - Immunopathology, Tissue Immunology 34508
BC Hominidae 86215
IT Miscellaneous Descriptors
HUMAN PREDNISOLONE **VITAMIN D** HORMONE-DRUG
VITAMIN-DRUG ANTIDOTE-DRUG PHARMACOTOXICITY MICRODENSITOMETRY
OSTEOPOROSIS CALCIUM PHOSPHORUS ALKALINE PHOSPHATASE PARATHORMONE
RN 50-24-8 (PREDNISOLONE)
1406-16-2 (VITAMIN D)
7440-70-2 (CALCIUM)
7723-14-0 (PHOSPHORUS)
9001-78-9 (ALKALINE PHOSPHATASE)
9002-64-6 (PARATHORMONE)

L123 ANSWER 25 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1986:101564 BIOSIS
DN BA81:11980
TI **VITAMIN D** ABSORPTION IN HEALTHY SUBJECTS AND IN PATIENTS WITH INTESTINAL MALABSORPTION SYNDROMES.
AU LO C W; PARIS P W; CLEMENS T L; NOLAN J; HOLICK M F
CS USDA HUMAN NUTRITION RES. CENT., TUFTS UNIV., 711 WASHINGTON ST., BOSTON, MASS. 02111.
SO AM J CLIN NUTR, (1985) 42 (4), 644-649.
CODEN: AJCNAC. ISSN: 0002-9165.
FS BA; OLD
LA English
AB We developed a test procedure for the clinical evaluation of the absorption of **vitamin D**. Serum **vitamin D** concentrations were evaluated in seven patients with intestinal fat malabsorption syndromes and in seven healthy, normal subjects, after being given a single oral dose of 50,000 IU (1.25 mg) vitamin D2. In the normal subjects, serum **vitamin D** concentrations rose from a baseline of less than 5 ng/ml to a peak of over 50 ng/ml by 12 h, gradually falling to baseline levels by 3 days. In five of the seven patients with intestinal fat malabsorption, oral administration of 50,000 IU vitamin D2 did not raise serum **vitamin D** concentrations above 10 ng/ml. Two patients with severe **inflammatory bowel disease** had a normal absorption pattern, however. These findings suggest that an oral **vitamin D** absorption test may be of value for determination of patients at risk for development of **vitamin D** deficiency. They also raise questions about the efficacy of oral **vitamin D** preparations in patients with intestinal fat malabsorption.
CC Biochemical Studies - Vitamins 10063
Biochemical Studies - Sterols and Steroids 10067
Pathology, General and Miscellaneous - Diagnostic 12504
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Metabolism - Fat-Soluble Vitamins *13016
Nutrition - Malnutrition; Obesity *13203
Nutrition - Fat-Soluble Vitamins *13208
Digestive System - General; Methods 14001
Digestive System - Physiology and Biochemistry *14004
Digestive System - Pathology *14006
Dental and Oral Biology - General; Methods 19001
Routes of Immunization, Infection and Therapy 22100
BC Hominidae 86215
IT Miscellaneous Descriptors
VITAMIN D DEFICIENCY **INFLAMMATORY BOWEL DISEASE** INTESTINAL FAT MALABSORPTION
RN **1406-16-2 (VITAMIN D)**

L123 ANSWER 26 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.

AN 1985:242376 BIOSIS
DN BA79:22372
TI OSTEOPENIA WITH NORMAL **VITAMIN D** METABOLITES AFTER SMALL-BOWEL RESECTION FOR **CROHNS DISEASE**.
AU HESSOV I; MOSEKILDE L; MELSEN F; FASTH S; HULTEN L; LUND B; LUND B; SORENSEN O H
CS DEP. SURGERY I, AARHUS AMTSSYGEHUS, DK-8000 AARHUS C, DEN.
SO SCAND J GASTROENTEROL, (1984) 19 (5), 691-696.
CODEN: SJGRA4. ISSN: 0036-5521.
FS BA; OLD
LA English
AB Unselected patients (36) were investigated 3-24 yr (mean, 7.8 yr) after small-bowel resection for **Crohn**'s disease (mean small intestinal resection, 105 cm). Iliac crest bone biopsies after in vivo tetracycline double-labeling showed a markedly reduced trabecular bone mass (controls, 0.25 .+-. 0.06; patients, 0.15 .+-. 0.05; $P < 0.01$). The average bone remodeling and osteoid mineralization was normal, and only 2 patients demonstrated signs of frank but slight osteomalacia. The mean serum levels of the 3 **vitamin D** metabolites 25-hydroxyvitamin D, 24,25-dihydroxyvitamin D and 1,25-dihydroxyvitamin D were normal. The observed reduction in trabecular bone mass may theoretically be followed by an increased risk of spontaneous fractures.
CC Mathematical Biology and Statistical Methods 04500
Biochemical Studies - Vitamins 10063
Biochemical Studies - Minerals 10069
Anatomy and Histology, General and Comparative - Surgery 11105
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease 12508
Pathology, General and Miscellaneous - Therapy 12512
Metabolism - Minerals *13010
Metabolism - Fat-Soluble Vitamins *13016
Digestive System - Pathology *14006
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Immunology and Immunochemistry - Immunopathology, Tissue Immunology *34508
BC Hominidae 86215
IT Miscellaneous Descriptors
HUMAN FRACTURE BONE REMODELING OSTEOID MINERALIZATION RISK
RN **1406-16-2 (VITAMIN D)**

L123 ANSWER 27 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1984:281296 BIOSIS
DN BA78:17776
TI A SURVEY OF **VITAMIN D** DEFICIENCY IN GASTRO INTESTINAL AND LIVER DISORDERS.
AU DIBBLE J B; SHERIDAN P; LOSOWSKY M S
CS DEP. MED., ST. JAMES UNIV. HOSP., LEEDS.
SO Q J MED, (1984) 53 (209), 119-134.
CODEN: QJMEA7. ISSN: 0033-5622.
FS BA; OLD
LA English
AB A survey of **vitamin D** status in 152 patients with chronic gastrointestinal conditions and 104 patients with chronic liver diseases is presented. Mild deficiency was common and severe deficiency, as judged by plasma 25-OHD [25-hydroxy-**vitamin D**] levels < 8 nmol/l, was encountered in every disease category tested. In the gastrointestinal disease patients, deficiency was significantly more common in patients following gastroenterostomy than other gastric surgery, in patients with active **Crohn**'s disease than in those with inactive disease, and in patients with chronic pancreatitis or pancreatic carcinoma with cholestatic features than in those without cholestatic features. Deficiency was as common in patients with **Crohn**'s disease who had not been treated surgically as in those who had. There was

no significant correlation between plasma 25-OHD levels and any laboratory index of malabsorption or malnutrition except from serum albumin in the gastric surgery patients, Hb and ESR [erythrocyte sedimentation rate] in the **Crohn**'s disease patients, and albumin and vitamin E in the group of patients with gastrointestinal disorders taken as a whole. In the chronic liver disease patients, those with late primary biliary cirrhosis had lower plasma 25-OHD levels than those with histological Stage I and II disease who all had normal levels, and those with pruritus and jaundice were more commonly severely deficient. Whatever the underlying disease process, patients with other coincidental medical conditions were much more likely to be deficient as were patients with cholestasis. Evidence of secondary hyperparathyroidism and osteomalacia on bone histology indicated the clinical relevance of the **vitamin D** deficiency.
This study showed no relationship between abnormal plasma **vitamin D** binding protein levels and vitamin deficiency.

CC Microscopy Techniques - Histology and Histochemistry 01056
Cytology and Cytochemistry - Human 02508
Clinical Biochemistry; General Methods and Applications 10006
Biochemical Studies - Vitamins 10063
Biochemical Studies - Proteins, Peptides and Amino Acids 10064
Biochemical Studies - Lipids 10066
Biochemical Studies - Sterols and Steroids 10067
Anatomy and Histology, General and Comparative - Surgery *11105
Pathology, General and Miscellaneous - Comparative 12503
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease 12508
Pathology, General and Miscellaneous - Therapy 12512
Metabolism - Lipids 13006
Metabolism - Sterols and Steroids *13008
Metabolism - Proteins, Peptides and Amino Acids *13012
Metabolism - Porphyrins and Bile Pigments *13013
Metabolism - Fat-Soluble Vitamins *13016
Metabolism - Metabolic Disorders *13020
Nutrition - Malnutrition; Obesity *13203
Nutrition - Fat-Soluble Vitamins *13208
Nutrition - Pathogenic Diets *13216
Digestive System - General; Methods 14001
Digestive System - Pathology *14006
Blood, Blood-Forming Organs and Body Fluids - Blood and Lymph Studies 15002
Blood, Blood-Forming Organs and Body Fluids - Blood Cell Studies *15004
Endocrine System - Parathyroid *17010
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Immunology and Immunochemistry - Immunopathology, Tissue Immunology *34508

BC Hominidae 86215

IT Miscellaneous Descriptors
HUMAN ERYTHROCYTE SEDIMENTATION RATE ALBUMIN HEMO GLOBIN VITAMIN E 25 HYDROXY **VITAMIN D** PRURITUS JAUNDICE CHOLESTASIS PRIMARY BILIARY CIRRHOSIS OSTEO MALACIA **CROHNS DISEASE** MAL ABSORPTION MAL NUTRITION HYPER PARATHYROIDISM GASTRO ENTEROSTOMY

RN **1406-16-2 (VITAMIN D)**
1406-18-4 (VITAMIN E)
19356-17-3Q, 21343-40-8Q, 64719-49-9Q (25 HYDROXY **VITAMIN D**)

L123 ANSWER 28 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1983:290332 BIOSIS
DN BA76:47824
TI CALCIUM METABOLISM IN SUBJECTS LIVING WITH A PERMANENT ILEOSTOMY.
AU KENNEDY H J; COMPSTON J; HEYNEN G; KANIS J A; MERRETT A L; TRUELOVE S C; WARNER G T

CS GASTROENTEROLOGY UNIT, RADCLIFFE INFIRMARY, OXFORD OX2 6HE, GB.
SO DIGESTION, (1983) 26 (3), 131-136.
CODEN: DIGEBW. ISSN: 0012-2823.
FS BA; OLD
LA English
AB Several indices of Ca metabolism were studied in 39 subjects living with a permanent ileostomy after proctocolectomy for **ulcerative colitis**, and in a control group of 39 healthy volunteers, matched for age and sex. No significant differences were found in plasma levels of Ca, phosphate, Mg, parathyroid hormone, calcitonin and 25-hydroxy-**vitamin D** nor in the urinary excretion of Ca and phosphate, but the alkaline phosphatase was raised in the ileostomists. The bone density of ileostomists was rather low, but the difference from the control subjects was not statistically significant. The absorption of Ca was measured by means of a total body counter. The ileostomists retained significantly more Ca than expected. This may represent the correction of a state of Ca deficiency at the time of proctocolectomy, due to the effects of the **colitis** and its medical treatment with corticosteroids.
CC Biochemical Studies - General 10060
Biochemical Studies - Vitamins 10063
Biochemical Studies - Proteins, Peptides and Amino Acids 10064
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Biophysics - Membrane Phenomena 10508
Enzymes - Physiological Studies *10808
Anatomy and Histology, General and Comparative - Surgery *11105
Physiology, General and Miscellaneous - Instrumentation 12004
Movement 12100
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease 12508
Pathology, General and Miscellaneous - Therapy 12512
Metabolism - General Metabolism; Metabolic Pathways 13002
Metabolism - Lipids *13006
Metabolism - Minerals *13010
Metabolism - Proteins, Peptides and Amino Acids *13012
Nutrition - Malnutrition; Obesity *13203
Digestive System - General; Methods *14001
Digestive System - Pathology *14006
Blood, Blood-Forming Organs and Body Fluids - Blood and Lymph Studies 15002
Urinary System and External Secretions - Physiology and Biochemistry 15504
Endocrine System - Adrenals *17004
Endocrine System - Parathyroid *17010
Endocrine System - Thyroid *17018
Bones, Joints, Fasciae, Connective and Adipose Tissue - Physiology and Biochemistry 18004
Pharmacology - Clinical Pharmacology 22005
Pharmacology - Digestive System *22014
BC Hominidae 86215
IT Miscellaneous Descriptors
CORTICO STEROIDS HORMONE-DRUG **ANTIINFLAMMATORY**
GASTROINTESTINAL-DRUG **ULCERATIVE COLITIS** CALCIUM
DEFICIENCY PARATHYROID HORMONE CALCITONIN 25 HYDROXY **VITAMIN D** PROCTO COLECTOMY ALKALINE PHOSPHATASE PHOSPHATE MAGNESIUM
URINARY EXCRETION BONE DENSITY ABSORPTION
RN 7439-95-4 (MAGNESIUM)
7440-70-2 (CALCIUM)
9001-78-9 (ALKALINE PHOSPHATASE)
9007-12-9 (CALCITONIN)
14265-44-2 (PHOSPHATE)
19356-17-3Q, 21343-40-8Q, 64719-49-9Q (25 HYDROXY **VITAMIN**

D)

L123 ANSWER 29 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1983:228742 BIOSIS
DN BA75:78742
TI **VITAMIN D** DEFICIENCY AND BONE DISEASE IN PATIENTS WITH **CROHNS DISEASE**.
AU DRISCOLL R H JR; MEREDITH S C; SITRIN M; ROSENBERG I H
CS UNIV. CHICAGO, 950 EAST 59TH ST., BOX 400, CHICAGO, ILL. 60637.
SO GASTROENTEROLOGY, (1982) 83 (6), 1252-1258.
CODEN: GASTAB. ISSN: 0016-5085.
FS BA; OLD
LA English
AB The prevalence of **vitamin D** deficiency in **Crohn**'s disease and the relationship of **vitamin D** status to metabolic bone disease have not been fully characterized. Serum 25-hydroxyvitamin D was measured in 82 patients with **Crohn**'s disease: 65% of **Crohn**'s disease patients had a low serum 25-hydroxyvitamin D concentration; 25% had deficient levels (< 10 ng/ml). The lowest 25-hydroxyvitamin D levels were observed in patients with previous ileal resections. Nine patients were studied in detail including transiliac needle bone biopsies; 6 had osteomalacia and 3 osteoporosis. Six patients had repeat bone biopsies 9-18 mo. after **vitamin D** treatment. Three patients with osteomalacia and low serum 25-hydroxyvitamin D levels showed histologic improvement after therapy with oral **vitamin D** restored serum 25-hydroxyvitamin D levels to normal. The adequacy of therapy was assessed accurately by monitoring serum 25-hydroxyvitamin D concentration. Three patients with metabolic bone disease with normal serum 25-hydroxyvitamin D levels at diagnosis did not show histologic improvement after receiving **vitamin D**.
CC Microscopy Techniques - Histology and Histochemistry 01056
Biochemical Studies - Vitamins 10063
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Anatomy and Histology, General and Comparative - Surgery 11105
Anatomy and Histology, General and Comparative - Microscopic and Ultramicroscopic Anatomy 11108
Pathology, General and Miscellaneous - Diagnostic 12504
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Pathology, General and Miscellaneous - Therapy 12512
Metabolism - Minerals *13010
Metabolism - Fat-Soluble Vitamins *13016
Nutrition - Malnutrition; Obesity *13203
Nutrition - Fat-Soluble Vitamins *13208
Nutrition - Prophylactic and Therapeutic Diets *13218
Digestive System - General; Methods 14001
Digestive System - Pathology *14006
Blood, Blood-Forming Organs and Body Fluids - Blood and Lymph Studies 15002
Bones, Joints, Fasciae, Connective and Adipose Tissue - General; Methods 18001
Bones, Joints, Fasciae, Connective and Adipose Tissue - Anatomy 18002
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Dental and Oral Biology - General; Methods 19001
Routes of Immunization, Infection and Therapy 22100
Immunology and Immunochemistry - Immunopathology, Tissue Immunology *34508
BC Hominidae 86215
IT Miscellaneous Descriptors
METABOLIC BONE DISEASE OSTEO MALACIA OSTEO POROSIS ILEAL RESECTION
RN **1406-16-2 (VITAMIN D)**

L123 ANSWER 30 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1983:120003 BIOSIS
DN BR25:45003
TI BONE DISEASE AND HEPATO BILIARY DISORDERS.
AU JUTTMAN J R
CS DEP. MED. III, HOSP. DIJKZIGT, ERASMUS UNIV., ROTTERDAM.
SO LEENDERT SCHALM SYMPOSIUM ON PRIMARY BILIARY CIRRHOSIS HELD AT THE MEETING OF THE NETHERLANDS ASSOCIATION FOR THE STUDY OF THE LIVER, MAY 11, 1982. NETH J MED. (1982) 25 (8), 290.
CODEN: NLJMAV. ISSN: 0300-2977.
DT Conference
FS BR; OLD
LA English
CC General Biology - Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Biochemical Studies - Vitamins 10063
Biochemical Studies - Proteins, Peptides and Amino Acids 10064
Biochemical Studies - Lipids 10066
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Anatomy and Histology, General and Comparative - Surgery 11105
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease 12508
Metabolism - Lipids 13006
Metabolism - Minerals *13010
Metabolism - Proteins, Peptides and Amino Acids 13012
Metabolism - Fat-Soluble Vitamins *13016
Nutrition - Malnutrition; Obesity *13203
Nutrition - Pathogenic Diets 13216
Nutrition - Proteins, Peptides and Amino Acids 13224
Digestive System - General; Methods 14001
Digestive System - Pathology *14006
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Immunology and Immunochemistry - Immunopathology, Tissue Immunology *34508
Plant Physiology, Biochemistry and Biophysics - Chemical Constituents 51522
BC Gramineae 25305
Hominidae 86215
IT Miscellaneous Descriptors
ABSTRACT HUMAN **VITAMIN D** METABOLISM DISTURBANCE CALCIUM METABOLISM DISTURBANCE OSTEO MALACIA **CROHNS DISEASE** CELIAC DISEASE PANCREATIC INSUFFICIENCY PRIMARY BILIARY CIRRHOSIS CHOLESTATIC LIVER DISEASE OSTEO POROSIS GASTRECTOMY JEJUNO ILEAL BYPASS
RN **1406-16-2 (VITAMIN D)**
7440-70-2 (CALCIUM)

L123 ANSWER 31 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1981:13534 BIOSIS
DN BR20:13534
TI CALCIUM ABSORPTION **VITAMIN D** STATUS AND BONE DISEASE AFTER BOWEL RESECTION FOR **CROHNS DISEASE.**
AU KELLY S; SELLIN J; MEREDITH S; SITRIN M; RABB J; ZULUTSKY M; ROSENBERG I H
CS UNIV. CHIC., CHICAGO, ILL. 60637, USA.
SO 81ST ANNUAL MEETING OF THE AMERICAN GASTROENTEROLOGICAL ASSOCIATION, SALT LAKE CITY, UTAH, USA, MAY 17-23, 1980. GASTROENTEROLOGY. (1980) 78 (5 PART 2), 1193.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference
FS BR; OLD
LA English

CC General Biology - Symposia, Transactions and Proceedings of Conferences, Congresses, Review Annuals 00520
Biochemical Studies - Vitamins 10063
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Anatomy and Histology, General and Comparative - Surgery 11105
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease 12508
Pathology, General and Miscellaneous - Therapy 12512
Metabolism - Minerals *13010
Metabolism - Fat-Soluble Vitamins *13016
Digestive System - General; Methods *14001
Digestive System - Pathology *14006
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Immunology and Immunochemistry - Immunopathology, Tissue Immunology *34508
BC Hominidae 86215
IT Miscellaneous Descriptors
ABSTRACT HUMAN
RN **1406-16-2 (VITAMIN D)**
7440-70-2 (CALCIUM)

L123 ANSWER 32 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1979:230971 BIOSIS
DN BA68:33475
TI CHANGES OF THE CALCIUM METABOLISM IN **CROHNS DISEASE**.
AU KOCIAN J
CS BUDEJOVICKA 800, 146 22 PRAHA 4, CZECH.
SO CESK GASTROENTEROL VYZ, (1979) 33 (1), 26-31.
CODEN: CKGAAM. ISSN: 0009-0565.
FS BA; OLD
LA Czech
AB In a group of 21 patients with different stages of **Crohn's** disease of the small intestine, a reduced dietary Ca intake was found in those in the acute stage of the disease, a slightly higher Ca intake in the chronically sick and a normal intake in patients after resection of the affected portion of the gut. The reduced Ca absorption, investigated by Ca absorption curves and by means of the isotope 47Ca on a whole-body counter is most marked in the acutely sick, less marked in the chronically sick and least in the groups with the resected gut. In impaired bone mineralization, the order of the 3 groups is the same. Mineralization is influenced by a reduced dietary Ca intake as well as reduced intestinal absorption of this element, obviously due to affection of the intestinal wall and impaired conversion of **vitamin D** into its active metabolites.
CC Radiation - Radiation and Isotope Techniques 06504
Biochemical Studies - Vitamins 10063
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Biophysics - Membrane Phenomena 10508
Anatomy and Histology, General and Comparative - Surgery 11105
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease 12508
Pathology, General and Miscellaneous - Therapy 12512
Metabolism - Sterols and Steroids 13008
Metabolism - Minerals *13010
Metabolism - Fat-Soluble Vitamins 13016
Nutrition - Malnutrition; Obesity *13203
Nutrition - Minerals *13206
Nutrition - Fat-Soluble Vitamins 13208
Digestive System - General; Methods 14001
Digestive System - Physiology and Biochemistry *14004
Digestive System - Pathology *14006

Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology 18006
Immunology and Immunochemistry - Immunopathology, Tissue Immunology *34508
BC Hominidae 86215
IT Miscellaneous Descriptors
HUMAN BONE MINERALIZATION INTESTINAL ABSORPTION **VITAMIN D**
RN **1406-16-2 (VITAMIN D)**
7440-70-2 (CALCIUM)

L123 ANSWER 33 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1979:80010 BIOSIS
DN BR17:20010
TI SERUM 25 HYDROXY **VITAMIN D** LEVELS IN CHILDREN AND ADOLESCENTS WITH **INFLAMMATORY BOWEL DISEASE.**
AU FLEISCHMAN A R; DAUM F; DINARI G; AIGES H; ROSEN J F
SO Pediatr. Res., (1978) 12 (4 PART 2), 364.
CODEN: PEREBL. ISSN: 0031-3998.
DT Conference
FS BR; OLD
LA Unavailable
CC Methods, Materials and Apparatus, General - Photography 01012
Radiation - Radiation and Isotope Techniques 06504
Biochemical Studies - Vitamins 10063
Biochemical Studies - Proteins, Peptides and Amino Acids 10064
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Enzymes - Physiological Studies *10808
Anatomy and Histology, General and Comparative - Radiologic Anatomy 11106
Pathology, General and Miscellaneous - Diagnostic 12504
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Metabolism - Sterols and Steroids *13008
Metabolism - Proteins, Peptides and Amino Acids *13012
Metabolism - Fat-Soluble Vitamins *13016
Nutrition - Malnutrition; Obesity *13203
Digestive System - Pathology *14006
Blood, Blood-Forming Organs and Body Fluids - Blood and Lymph Studies *15002
Bones, Joints, Fasciae, Connective and Adipose Tissue - General; Methods 18001
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Pharmacology - Digestive System *22014
Toxicology - Pharmacological Toxicology 22504
Pediatrics *25000
BC Hominidae 86215
IT Miscellaneous Descriptors
ABSTRACT HUMAN AZULFIDINE STEROIDS BONE GROWTH MAL ABSORPTION DRUG TREATMENT CALCIUM PHOSPHORUS ALKALINE PHOSPHATASE TRANS AMINASE GASTROINTESTINAL-DRUG
RN 599-79-1 (AZULFIDINE)
7440-70-2 (CALCIUM)
7723-14-0 (PHOSPHORUS)
9013-05-2 (PHOSPHATASE)
9031-66-7 (TRANS AMINASE)
19356-17-3Q, 21343-40-8Q, 64719-49-9Q (25 HYDROXY **VITAMIN D**)

L123 ANSWER 34 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1978:72301 BIOSIS
DN BR15:15801
TI BONE HISTOLOGY AND **VITAMIN D** STATUS IN **CROHNS DISEASE** ASSESSMENT OF **VITAMIN D** THERAPY.

AU DRISCOLL R; MEREDITH S; WAGONFELD J; ROSENBERG I
SO Gastroenterology, (1977) 72 (5 PT 2), A-28-1051.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference
FS BR; OLD
LA Unavailable
CC Comparative Biochemistry, General 10010
Biochemical Studies - Vitamins 10063
Biophysics - Molecular Properties and Macromolecules 10506
Anatomy and Histology, General and Comparative - Microscopic and Ultramicroscopic Anatomy *11108
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease *12508
Pathology, General and Miscellaneous - Therapy 12512
Metabolism - Fat-Soluble Vitamins 13016
Nutrition - Fat-Soluble Vitamins *13208
Digestive System - Pathology *14006
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Pharmacology - Clinical Pharmacology 22005
Pharmacology - Digestive System *22014
Immunology and Immunochemistry - Immunopathology, Tissue Immunology *34508
BC Hominidae 86215
IT Miscellaneous Descriptors
ABSTRACT HUMAN METAB-DRUG
RN **1406-16-2 (VITAMIN D)**

L123 ANSWER 35 OF 35 BIOSIS COPYRIGHT 2002 BIOLOGICAL ABSTRACTS INC.
AN 1976:17841 BIOSIS
DN BR12:17841
TI QUANTITATIVE ANALYSIS OF SKELETAL GROWTH DE MINERALIZATION AND **VITAMIN D** STATUS IN PATIENTS WITH **INFLAMMATORY BOWEL DISEASE**.
AU WAGONFELD J B; GENANT H K; MALL J C; BOLT M; VANDER HORST J; ROSENBERG I H
SO Gastroenterology, (1975) 68 (4 PART 2), 1065.
CODEN: GASTAB. ISSN: 0016-5085.
DT Conference
FS BR; OLD
LA Unavailable
CC Radiation - Radiation and Isotope Techniques 06504
Biochemical Methods - Minerals 10059
Biochemical Studies - Vitamins 10063
Biochemical Studies - Sterols and Steroids 10067
Biochemical Studies - Minerals 10069
Biophysics - General Biophysical Techniques 10504
External Effects - Light and Darkness 10604
Pathology, General and Miscellaneous - Inflammation and Inflammatory Disease 12508
Pathology, General and Miscellaneous - Therapy 12512
Metabolism - Minerals *13010
Nutrition - Malnutrition; Obesity *13203
Nutrition - Fat-Soluble Vitamins *13208
Digestive System - Pathology *14006
Blood, Blood-Forming Organs and Body Fluids - Blood and Lymph Studies 15002
Endocrine System - Adrenals 17004
Bones, Joints, Fasciae, Connective and Adipose Tissue - Pathology *18006
Pharmacology - Drug Metabolism; Metabolic Stimulators 22003
Pharmacology - Clinical Pharmacology 22005
Pharmacology - Connective Tissue, Bone and Collagen - Acting Drugs 22012
Pharmacology - Digestive System *22014
Pharmacology - Endocrine System *22016
Toxicology - Pharmacological Toxicology *22504

BC Hominidae 86215
IT Miscellaneous Descriptors
ABSTRACT CORTICO STEROID THERAPY TOXICITY GRANULOMATOUS ILEO
COLITIS ULCERATIVE COLITIS VITAMIN
D DEFICIENCY SERUM CALCIUM LEVEL PHOTON ABSORPTIOMETRY
INORGANIC PHOSPHATE CONCENTRATION
RN **1406-16-2 (VITAMIN D)**
7440-70-2 (CALCIUM)
14265-44-2 (PHOSPHATE)

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GUIDES, PLEASE VISIT:
http://www.derwent.com/userguides/dwpi_guide.html <<<

=> d all abeq tech abex tot

L139 ANSWER 1 OF 4 WPIX (C) 2002 THOMSON DERWENT
AN **2001-514277** [56] WPIX
DNC **C2001-153610**
TI Use of **vitamin D** compounds for prevention and
treatment of **inflammatory bowel disease** in
humans and animals.
DC B01 B05
IN **HAYES, C E; NASHOLD, F E**
PA (NLIG-N) **NORTHERN LIGHTS PHARM LLC**
CYC 94
PI WO 2001046132 A1 20010628 (200156)* EN 54p C07C401-00
RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ
NL OA PT SD SE SL SZ TR TZ UG ZW
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ DE DK DM
DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC
LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE
SG SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW
AU 2001022878 A 20010703 (200164) C07C401-00
US 6358939 B1 20020319 (200224) A61K031-593
ADT WO 2001046132 A1 WO 2000-US34913 20001221; AU 2001022878 A AU 2001-22878
20001221; US 6358939 B1 US 1999-469985 19991221
FDT AU 2001022878 A Based on WO 200146132

PRAI US 1999-469985 19991221
IC ICM A61K031-593; C07C401-00
ICS A61K031-593
AB WO 200146132 A UPAB: 20011001
NOVELTY - **Vitamin D** compounds or their compositions are administered to treat or prevent **inflammatory bowel disease**.

ACTIVITY - **Antiulcer; Antiinflammatory**.

C3H/HeJ strain mice were given DS (dextran sulfate (3.5 w/v%)) in acidified water for 5 days followed by acidified water without DS and continuously fed a synthetic diet. The mice showed no signs of **colitis**. The mice shunned the water containing DS and met their hydration means by consuming the synthetic diet. A control mice was given DS in acidified water, followed by acidified water without DS and continuously fed laboratory chow. The mice showed weight loss and had hemoglobin in the stool and thus the **colitis** was induced in the control mice.

MECHANISM OF ACTION - Calcitriol inhibitor.

C3H/HeJ strain mice were fed with a purified diet containing calcitriol (50 ng/day females; 200 ng/day males). On day 2, the mice were weighed and dextran sulfate (DS) (3.5 wt/vol%) was given in the drinking water on days 2 - 6. The mice were given acidified drinking water without DS for days 7 - 22. On days 7, 11, 15 and 19 mice were weighed and stool samples were collected. A blood sample was collected on 11 day. On day 22, mice were weighed, euthanized and stool, blood and colon samples were collected. A mock-treated control mice was also tested. The result showed that the calcitrol-treated mice exhibited significantly reduced weight loss, bloody diarrhea, shortening and thickening of the colon histopathologic score and **inflammatory** infiltration as compared to the mock-treated control.

USE - For the prevention and treatment of **inflammatory bowel disease** e.g. **Crohn**'s disease and **ulcerative colitis** in human, non-human primate, horse, dog or cat (preferably a mammal). The human is selected from a young adult living in united states, England, Northern Europe, Jewish descent, developing nation, a person with a family members who suffer from **inflammatory bowel disease** or a person determined to carry an IBD (**inflammatory bowel disease**) risk gene (all claimed).

ADVANTAGE - The administration does not cause serious hypercalcemia. Administration delays onset symptoms of **inflammatory bowel disease** (all claimed). **Vitamin D** compounds can be administered in a cost-effective manner and timely fashion with a minimum of adverse side effects.

Dwg.0/2
FS CPI
FA AB; DCN
MC CPI: B10-E04A; B14-C03; B14-E08; B14-E10C; B14-L06
TECH UPTX: 20011001
TECHNOLOGY FOCUS - ORGANIC CHEMISTRY - Preferred Compound: The **vitamin D** compound is selected from analogs of formula (I).

X1 and X2 = H or acyl;
Y1 and Y2 = H, O-aryl or O-alkyl having beta or alpha configuration;
Z1 and Z2 = H;
Z1+Z2 = CH2;
R = Q or a group of formula (II);
Q = alkyl, hydroxyalkyl or fluoroalkyl;
a = S or R configuration;
R1 = H, OH or O-acyl;
R2 and R3 = Q;
R2+R3 = (CH2)m;
m = 2 - 5;

R4 = O-acyl or T;
R5 = T;
T = H, OH, F or Q;
R4+R5 = double bonded O;
R6+R7 = carbon-carbon double bond;
R8 = H or CH3;
n = 1 - 5;
X = CH, S, O or N.
Provided that when Y1 is O-aryl or O-alkyl, Y2 is H and when Y1 is H, Y2 is O-aryl or O-alkyl.
Preferred Composition: The composition further comprises a transdermal patch.

ABEX
SPECIFIC COMPOUNDS - Vitamin D, 1alpha,25-(OH)2-16-ene-D3, 1alpha,25-(OH)2-24-oxo16-ene-D3, 1alpha,24R(OH)2-D3, 1alpha,25(OH)2-22-oxa-D3, 20-epi-22-Oxa-24a,24b-dihomo-1alpha,25(OH)2-D3, 20-epi-22-oxa-24a,26a,27a-trihomo-1alpha,25(OH)2-D3, 20-epi-22-oxa-24homo-1alpha,25(OH)2-D3 and 1,25-(OH)2-16,23E-diene, 26-trifluoro-19-nor-D3 are specifically claimed as the vitamin D compounds.

ADMINISTRATION - The route of administration can be intravenous, oral, parenteral, topical and rectal. The dosage is 0.1 - 20 microg per day per 160 pound subject (all claimed).

EXAMPLE - None given.

L139 ANSWER 2 OF 4 WPIX (C) 2002 THOMSON DERWENT
AN **2001-451613** [48] WPIX
DNC **C2001-136371**
TI Use of **vitamin D** compounds for treating or preventing **inflammatory bowel disease**, particularly **ulcerative colitis** or **Crohn**'s disease.
DC B01 B05
IN CANTORNA, M T
PA (PENN-N) PENN STATE RES FOUND
CYC 94
PI WO 2001042205 A2 20010614 (200148)* EN 33p C07C401-00
RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW MZ NL OA PT SD SE SL SZ TR TZ UG ZW
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CR CU CZ DE DK DM DZ EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT TZ UA UG US UZ VN YU ZA ZW
AU 2001045100 A 20010618 (200161) C07C401-00
ADT WO 2001042205 A2 WO 2000-US42393 20001130; AU 2001045100 A AU 2001-45100 20001130
FDT AU 2001045100 A Based on WO 200142205
PRAI US 2000-231906P 20000911; US 1999-168501P 19991202; US 2000-197827P 20000414; US 2000-208632P 20000601
IC ICM C07C401-00
AB WO 200142205 A UPAB: 20010829
NOVELTY - Use of **vitamin D** compounds for treating or preventing **inflammatory bowel disease** is new.
ACTIVITY - **Antiinflammatory**.
MECHANISM OF ACTION - T cell regulator.
USE - For treating or preventing **inflammatory bowel disease**, particularly **ulcerative colitis** or **Crohn**'s disease . The patient is on a low calcium diet (all claimed).
Dwg.0/2
FS CPI
FA AB; DCN

MC CPI: **B03-G**; B05-A04; B14-C03; B14-E10C
TECH UPTX: 20010829
TECHNOLOGY FOCUS - PHARMACEUTICALS - Preferred Compounds: Preferred **vitamin D** compounds are of formula (I):
Y1, Y2 = H or a hydroxy protecting group;
Z1, Z2 = H; or together form =CH2;
X1, X2 = H; or 1 is H and the other is O-aryl, O-alkyl, alkyl, hydroxyalkyl or fluoroalkyl; or together form =CR6R7;
R6, R7 = H, alkyl, hydroxyalkyl or fluoroalkyl; or together form (CH2)x-;
x = 2-5;
R = a group of formula (i):
Z = Y, -OY, CH2OY, -CCY or -CH=CHY;
Y = H, Me, -COR5 or -(CH2)m C(R1)(R2)-(CH2)n-C(R3)(R4)(R5);
m, n = 0-5;
R1 = H, deuterium, OH, protected hydroxy, F, CF3 or 1-5C alkyl optionally substituted with hydroxy or protected hydroxy;
R2, R3, R4 = deuterium, deuteroalkyl, H, F, CF3 or 1-5C alkyl optionally substituted with hydroxy or protected hydroxy; or
R1+R2 may form oxo, = CR2R3 or -(CH2)p-; or R3+R4 may form oxo or -(CH2)q-;
p, q = 2-5;
R5 = H, 1-5C alkyl or optionally protected hydroxy;
where any of the CH groups at positions 20, 22 or 23 in the side chain may be replaced by N, or any -CH(Me)-, -CH(R3)- or CH(R2)- at positions 20, 22 and 23 respectively may be replaced by O or S.

ABEX
SPECIFIC COMPOUNDS - Preferred compounds include e.g. 1,25 dihydroxyvitamin D3.

ADMINISTRATION - Administration is oral, parenteral or transdermal. Daily dosage is 0.01-100 mug/day (all claimed).

EXAMPLE - 3 Week old vitamin D deficient wild-type (WT) and IL-10 knockout (KO) mice were either maintained vitamin D deficient or treated with cholecalciferol (5 microg/day). In a second series of experiments, 3 week old vitamin D deficient mice were maintained on the vitamin D deficient diet or supplemented with 1,25(OH)2D3 (0.005 microg/day), and sacrificed 4 weeks later. In a third series of experiments, 1,25(OH)2D3 treatment was started at the first signs of irritable bowel disease (IBD) (diarrhea, 7 weeks). 7 Week old vitamin D deficient mice were split into 2 groups; 1 group was maintained vitamin D deficient and the other was supplemented with 1,25(OH)2D3 (0.2 microg/day). Mice were treated for 2 weeks, then sacrificed.
There were no significant differences in the weight of any of the mice following 2 weeks treatment with 1,25 dihydroxycholecalciferol. However, the small intestines (SI) of the vitamin D deficient L-10 KO mice were enlarged and weighed significantly more than the SI from 1,25(OH)2D3 supplemented IL 10 KO, vitamin D deficient WT and 1,25(OH)2D3 supplemented WT mice. The SI from vitamin D deficient IL-10 KO mice were 9.9% of the total body weight, which is 2-fold higher than normal (about 5%). Treatment with 1,25(OH)2D3 for as little as 2 weeks reduced the inflammation in the SI of IL-10 KO mice.

L139 ANSWER 3 OF 4 WPIX (C) 2002 THOMSON DERWENT
AN **2001-353222** [37] WPIX
DNC **C2001-109402**
TI Multi-vitamin and mineral nutritional compositions for use in treating **inflammatory bowel diseases** including **Crohn's** disease, **ulcerative colitis** and celiac disease.
DC A96 B05 D13
IN SNOWDEN, R B

PA (SNOW-N) SNOWDEN SUTTON ASSOC INC; (SNOW-I) SNOWDEN R B
CYC 20
PI US 6214373 B1 20010410 (200137)* 6p A61K047-00
WO 2001024642 A1 20010412 (200137) EN A23K001-165
RW: AT BE CH CY DE DK ES FI FR GB GR IE IT LU MC NL PT SE
W: CA
ADT US 6214373 B1 US 1999-414666 19991007; WO 2001024642 A1 WO 2000-US27404 20001005
PRAI US 1999-414666 19991007
IC ICM A23K001-165; A61K047-00
AB US 6214373 B UPAB: 20010704
NOVELTY - A nutritional composition for treating patients with **inflammatory bowel diseases** comprises selected proportions of multi-vitamins and minerals.
DETAILED DESCRIPTION - A nutritional composition comprises: vitamin A (1,500-5,000 IU), **vitamin D** (200-600 IU), vitamin E (15-100 IU), vitamin K (15-60 mcg), vitamin C (30-150 mg), vitamin B1 (1-6 mg), vitamin B2 (1-6 mg), vitamin B6 (1-6 mg), vitamin B12 (150-1,000 mcg), folic acid (0.2-0.5 mg), niacin (5-20 mg), biotin (0.1-0.2 mg), pantothenic acid (2-8 mg), iron (6-20 mg), calcium (50-200 mg), zinc (5-15 mg), selenium (20-50 mcg), copper (0.5-1.5 mg), iodine (60-80 mcg) and manganese (0.5-1.5 mg). Wherein the minerals are included as salts other than carbonates.
An INDEPENDENT CLAIM is also included for method for the treatment of **inflammatory bowel disease** or celiac disease.
ACTIVITY - **Antiinflammatory; antiulcer.**
No biological data given.
MECHANISM OF ACTION - None given.
USE - The nutritional composition is used for treating patients with **inflammatory bowel diseases** e.g. **Crohn**'s disease, **ulcerative colitis** or celiac disease.
ADVANTAGE - The composition is essentially free of magnesium which can act as a cathartic and free of carbonates which can generate gas in the gastrointestinal tract. The composition provides minerals and vitamins in a form and quantity which can help alleviate deficiencies which can be present in sufferers of **inflammatory bowel diseases** (IBD) e.g. Fe, Zn and vitamin C deficiencies are common in sufferers of IBD
Dwg.0/0
FS CPI
FA AB; DCN
MC CPI: A03-A00A; A12-V01; B03-A; B03-B; B03-C; B03-D; B03-E; B03-F; **B03-G**; B03-H; B03-J; B05-A01B; B05-A03; B05-C07; B14-C03; B14-E08; B14-E10; D03-H01T2
TECH UPTX: 20010704
TECHNOLOGY FOCUS - PHARMACEUTICALS - Preferred Compositions: Mineral salts include phosphates, sulfates or fumarates. Iron is preferably present as ferrous fumarate and calcium as calcium diphosphate and the composition is free of magnesium. The composition may additionally comprise excipients selected from carboxymethylcellulose, microcrystalline cellulose, starch or modified starch. A particularly preferred composition comprises: vitamin A (2500 IU, retinyl acetate), **vitamin D** (400 IU, cholecalciferol), vitamin E (75 IU, dl-alpha tocopherol acetate), vitamin k (40 mcg, phytonadione), vitamin C (100 mg, ascorbic acid), vitamin B1 (5 mg, thiamine mononitrate), vitamin B2 (5 mg, riboflavin), vitamin B6 (5 mg, pyridoxine hydrochloride), vitamin B12 (500 mcg, cyanocobalamin), folic acid (0.2 mg), niacin (10 mg, niacinamide), biotin (0.15 mg), pantothenic acid (5 mg), iron (15 mg), calcium (100 mg), zinc (11.25 mg), selenium (35 mcg), copper (1 mg), iodine (75 mcg) and manganese (1 mg).
ABEX
ADMINISTRATION - Administration is oral as a unit dosage form e.g. a

tablet, caplet or capsule or in a liquid dosage form and administration is preferably twice daily (claimed).

L139 ANSWER 4 OF 4 WPIX (C) 2002 THOMSON DERWENT
AN **1996-455225** [45] WPIX
DNC **C1996-142726**
TI Use of differentiating agents - for decreasing the inflammation associated with chronic inflammatory intestinal conditions in patients.
DC B05 D16
IN WU, G D
PA (UYPE-N) UNIV PENNSYLVANIA
CYC 20
PI WO 9630326 A1 19961003 (199645)* EN 19p C07C051-09
RW: AT BE CH DE DK ES FI FR GB GR IE IT LU MC NL PT SE
W: CA JP
US 5981597 A 19991109 (199954) A01N037-18
ADT WO 9630326 A1 WO 1996-US4348 19960329; US 5981597 A CIP of US 1995-387116 19950213, US 1995-413806 19950330
FDT US 5981597 A CIP of US 5569680
PRAI US 1995-413806 19950330; US 1995-387116 19950213
REP 7.Jnl.Ref
IC ICM A01N037-18; C07C051-09
ICS A01N037-02; C08F022-14; C12N015-25
AB WO 9630326 A UPAB: 19961111
A method is claimed for decreasing the inflammation associated with a chronic inflammatory intestinal condition in a patient comprising administering a differentiating agent, opt. in conjuncture with an inhibitor of inflammatory mediators produced by lymphocytes.
USE - The method can be used to treat diseases such as **ulcerative colitis, Crohn**'s disease, Type A or B chronic gastritis and graft vs. host diseases.
ADVANTAGE - The differentiating agents alter the state of proliferation and ultimately the differentiation of colonic epithelial cells to reduce the inflammation. They also inhibit the expression of inflammatory mediators by epithelial cells.
Dwg.0/2
FS CPI
FA AB; DCN
MC CPI: B02-T; B03-A; **B03-G**; B04-H06F; B10-A10; B10-C04E; B10-D02; B10-E02; B10-G02; B14-C03; B14-E08; B14-E10B; B14-E10C; B14-E10D; D05-H

=> d his

(FILE 'HOME' ENTERED AT 14:25:55 ON 14 SEP 2002)
SET COST OFF

FILE 'REGISTRY' ENTERED AT 14:26:21 ON 14 SEP 2002
E VITAMIN D/CN
L1 1 S E3
L2 STR
L3 50 S L2 CSS

FILE 'HCAPLUS' ENTERED AT 14:28:01 ON 14 SEP 2002
E HAYES C/AU
L4 39 S E3,E5
E HAYES COLEEN/AU
L5 52 S E4-E6
E NASHOLD F/AU
L6 13 S E3-E6
L7 656 S (NORTH?(L)LIGHT?)/PA,CS
L8 973 S (WISCON?(L)ALUM?(L)RES?(L)FOUND?)/PA,CS

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L9          6480 S L1
L10        35010 S VITAMIN(S)D#
L11         5664 S ?CALCIFERO?
L12           14 S L4,L5,L6 AND L9-L11
L13          159 S L7,L8 AND L9-L11
L14            5 S L12 AND L13
L15            9 S L12 NOT L14
L16         2619 S CALCITRIOL
L17         2418 S 1 ALPHA 25 DIHYDROXYVITAMIN D3
L18         5759 S 1 25 DIHYDROXYVITAMIN D3
L19           78 S 1 ALPHA 25 DIHYDROXYVITAMIN D2
L20           85 S 1 25 DIHYDROXYVITAMIN D2
L21            9 S 19 NOR 1 ALPHA 25 DIHYDROXYVITAMIN D2
L22            6 S 19 NOR 1 25 DIHYDROXYVITAMIN D2
L23           27 S PARICALCITOL

     FILE 'REGISTRY' ENTERED AT 14:35:26 ON 14 SEP 2002
L24            3 S 32222-06-3 OR 60133-18-8 OR 131918-61-1

     FILE 'HCAPLUS' ENTERED AT 14:38:03 ON 14 SEP 2002
L25         9086 S L24
L26           58 S ERCALCITRIOL OR ZEMPLAR OR RO176218 OR RO 17 6218 OR ROCALTRO
L27         1399 S (1 25 OR 1 ALPHA 25)()(DIHYDROXYCALCIFEROL OR DIHYDROXYERGOCA
L28         3791 S (1 25 OR 1 ALPHA 25)()OH 2D3
L29           68 S (1 25 OR 1 ALPHA 25)()OH 2D2
L30        30838 S ?VITAMIN? ()(D OR D2 OR D3)
L31        36555 S ?VITAMIN? (S)(D OR D2 OR D3)
L32        42102 S L10,L11,L16-L23,L26-31
L33        42200 S L32,L9,L25

     FILE 'REGISTRY' ENTERED AT 14:42:36 ON 14 SEP 2002
L34            9 S (32222-06-3 OR 60133-18-8 OR 131918-61-1)/CRN

     FILE 'HCAPLUS' ENTERED AT 14:43:10 ON 14 SEP 2002
L35           14 S L5-L6 AND L33
                 SEL RN

     FILE 'REGISTRY' ENTERED AT 14:44:03 ON 14 SEP 2002
L36           23 S E1-E23
L37            3 S L36 AND L1,L24
L38           20 S L36 NOT L37
L39           18 S L38 AND C5-C6/ES AND C6/ES
                 SEL RN 12 18 17
L40            3 S E24-E26
L41           15 S L39 NOT L40
                 E 1.ALPHA.,25-DIHYDROXYVITAMIN D3/CN
L42            1 S E3
                 E 19-NOR-1.ALPHA.,25-DIHYDROXYVITAMIN D2/CN
                 E 1.ALPHA.-HYDROXYVITAMIN D3/CN
L43            1 S E3
L44            1 S E2
L45            3 S L1,L43,L44

     FILE 'HCAPLUS' ENTERED AT 14:55:58 ON 14 SEP 2002
L46           15 S L21,L22

     FILE 'REGISTRY' ENTERED AT 14:57:52 ON 14 SEP 2002
L47            1 S 131918-61-1
L48            4 S L45,L47

     FILE 'HCAPLUS' ENTERED AT 14:58:31 ON 14 SEP 2002
L49         7460 S L48
L50           39 S PARICALCITOL OR ZEMPLAR OR L46
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L51          78 S DOXERCALCIFEROL OR HECTOROL OR TSA840 OR TSA 840 OR 1()(HYDRO
L52         130 S ALPHA CALCIDOL OR ALFACALCIDOL OR ALFAROL OR ALPHACALCIDOL OR
L53          36 S 1()(HYDROXYCHOLECALCIFEROL OR HYDROXYVITAMIN D3 OR OH D3)
L54         962 S 1()ALPHA()(HYDROXYCHOLECALCIFEROL OR HYDROXYVITAMIN D3 OR OH
L55       20797 S VITAMIN D OR CALCIFEROL
L56       21653 S L9,L49-L55
L57          13 S L4-L6 AND L56
                E INFLAMMATORY BOWEL/CT
                E E4+ALL
L58        2993 S E2
                E INFLAMMATORY BOWEL/CT
                E E4+ALL
L59        3105 S INFLAMMATORY BOWEL()(DISEASE OR SYNDROME)
L60        1077 S IBD
                E ULCERATIVE COLITIS/CT
                E E3+ALL
L61        2115 S E2
L62        3510 S ULCERATIVE ?COLITIS?
                E CROHN/CT
                E E5+ALL
L63           0 S E2
L64        1005 S CROHN?()(DISEASE OR ILEITIS OR INTESTIN? OR COLITIS)
L65          39 S L56 AND L58-L64
L66           1 S L57 AND L65
L67          23 S L65 AND (PY<=1999 OR PRY<=1999 OR AY<=1999)
L68          10 S (L49 OR L9)(L)(THU OR BAC OR USES)/RL AND L67
                SEL DN AN 5 9
L69           2 S E1-E6
                SEL DN AN L68 1-3
L70           3 S E7-E15
L71           5 S L69,L70,L66 AND L4-L11,L16-L23,L25-L33,L35,L46,L49-L70
                SEL RN L71 1

     FILE 'REGISTRY' ENTERED AT 15:37:03 ON 14 SEP 2002
L72          11 S E16-E26
L73           1 S L72 AND L48
L74          10 S L72 NOT L73
L75           9 S L74 NOT CA

     FILE 'HCAPLUS' ENTERED AT 15:37:45 ON 14 SEP 2002
                E DIGESTIVE TRACT/CT
                E E3+ALL
L76      141792 S E3,E101,E115
L77         320 S E66,E68,E69,E72
                E COLITIS/CT
                E E3+ALL
L78        3275 S E2
                E INFLAMMATION/CT
L79        1308 S INFLAM?/CW (L) (INSTESTIN? OR BOWEL OR COLON? OR DIGEST? OR G
L80        2172 S L56 AND L76-L79
L81        2050 S L80 AND (PY<=1999 OR PRY<=1999 OR AY<=1999)
L82          39 S L81 AND (CROHN? OR ?ULCER? OR BOWEL OR COLIT?)
L83          19 S L82 NOT L65
L84           5 S L73,L75 AND L71

     FILE 'REGISTRY' ENTERED AT 15:44:58 ON 14 SEP 2002

     FILE 'HCAPLUS' ENTERED AT 15:45:27 ON 14 SEP 2002

     FILE 'MEDLINE' ENTERED AT 15:45:49 ON 14 SEP 2002
L85        9879 S L48
L86       22625 S L50-L55
L87       22626 S L85,L86
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                E INFLAMMATORY BOWEL/CT
                E E5+ALL
L88         29254 S E5+NT
L89            77 S L87 AND L88
L90            58 S L89 AND PY<=1999
L91            11 S L90 NOT AB/FA
L92            47 S L90 NOT L91
L93            17 S L92 AND VITAMIN D/CT,CN
L94            30 S L92 NOT L93
                  SEL DN AN 15
L95             1 S L94 AND E1-E3
L96             5 S (VITAMIN D)(L)TU/CT AND L93
L97             6 S L95,L96 AND L85-L96

     FILE 'MEDLINE' ENTERED AT 15:54:30 ON 14 SEP 2002

     FILE 'EMBASE' ENTERED AT 15:54:40 ON 14 SEP 2002
L98         22397 S L87
L99         18826 S L98 AND PY<=1999
                E INFLAMMATORY BOWEL/CT
                E E5+ALL
                E E2+ALL
L100        52398 S E12+NT
L101          105 S L99 AND L100
L102           27 S L101 NOT AB/FA
                  SEL DN AN 6 22 26
L103            3 S E1-E6
L104           78 S L101 NOT L102
                  E VITAMIN D/CT
L105        28988 S E3+NT
L106           68 S L104 AND L105
L107           16 S E3(L)DT/CT AND L106
L108            8 S L100 (L) DT/CT AND L107
L109           11 S L103,L108
L110           70 S L104 NOT L109
L111           11 S L109 AND L98-L110

     FILE 'EMBASE' ENTERED AT 16:01:27 ON 14 SEP 2002

     FILE 'BIOSIS' ENTERED AT 16:01:37 ON 14 SEP 2002
L112        25213 S L87
                E HAYES C/AU
L113          202 S E3,E5
L114           24 S E48,E49
                  E NASHOLD F/AU
L115           14 S E3,E4
L116           14 S L112 AND L113-L115
L117         1456 S 14006/CC AND L112
L118         1348 S *14006/CC AND L112
L119           67 S L118 AND L64,L59,L62,L60
L120           34 S L119 AND PY<=1999
L121            1 S L116 AND L117
L122           34 S L120 AND  (?CROHN? OR ?INFLAM? OR ?COLIT? OR ?ULCER?)
L123           35 S L121,L122

     FILE 'BIOSIS' ENTERED AT 16:06:53 ON 14 SEP 2002

     FILE 'WPIX' ENTERED AT 16:07:08 ON 14 SEP 2002
L124         1613 S L50-L55
                E VITAMIN D/DCN
                E E7+ALL
L125           55 S E2
L126         1526 S (B03-G OR C03-G)/MC
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L127       1854 S V340/M0,M1,M2,M3,M4,M5,M6
L128       2943 S L124-L127
L129         71 S L128 AND  (?CROHN? OR ?INFLAM?(L)BOWEL OR ?COLIT? OR ?ULCER?)
L130         32 S L128 AND (CROHN? OR INFLAMMATORY BOWEL()(DISEASE OR SYNDROME)
                SEL DN AN 5 6 7
L131          3 S E1-E6
                SEL DN AN 28 L130
L132          1 S L130 AND E7-E8
L133          5 S L128 AND (HAYES C? OR NASHOLD F?)/AU
L134          1 S L128 AND (NORTH?(L)LIGHT?)/PA
L135          4 S L131,L132
L136          1 S L133,L134 AND L135
L137          4 S L135,L136
L138          4 S L133,L134 NOT L137
L139          4 S L137 AND L124-L138

     FILE 'WPIX' ENTERED AT 16:17:09 ON 14 SEP 2002
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